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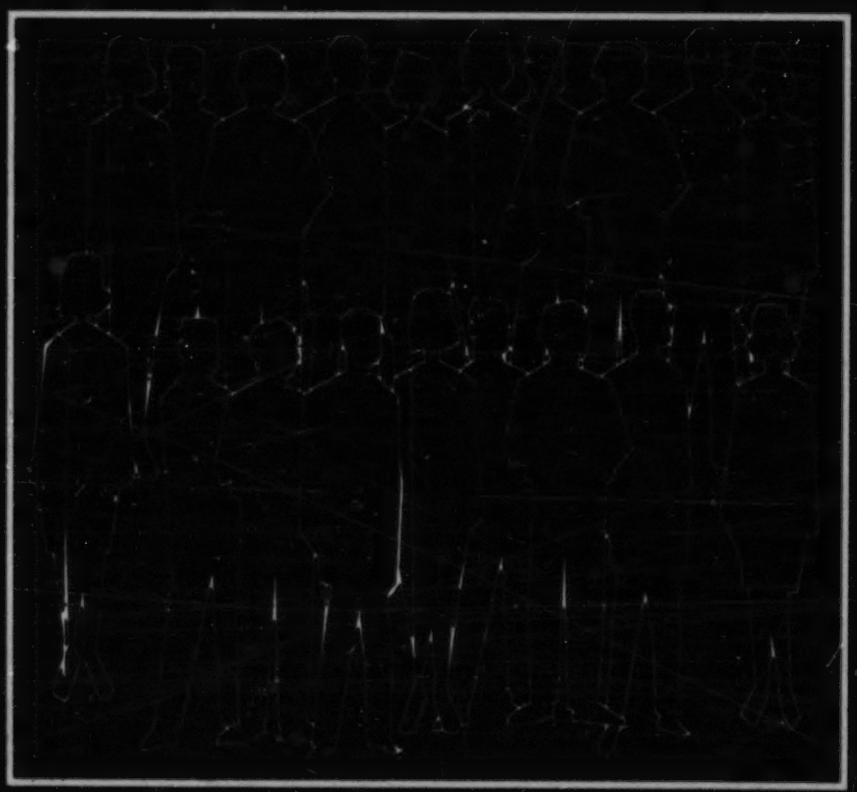
PROFILES OF THE NEWLY LICENSED NURSE

PERI ROSENFELD



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PROFILES OF THE NEWLY LICENSED NURSE

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National League for Nursing

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FOREWORD

The Division of Nursing of the Bureau of Health Professions, Health Resources and Services Administration, U. S. Department of Health and Human Services, has as a primary responsibility the determination of the national supply and distribution of and requirements for nursing personnel. The availability of sound data is of vital importance in fulfilling this responsibility.

Because of recent declines in enrollments in schools of nursing and concerns about an adequate supply of registered nurses, data on newly licensed nurses are of particular value in providing an understanding of the nurse supply. Thus, the Division is pleased that the National League for Nursing has undertaken a survey of this important group. The results of this study described in this publication include a summary analysis of the data that the National League for Nursing specifically developed in response to the Division's data needs.

We hope that the analysis will be of help not only to the Division of Nursing, but to all those concerned with the availability of a sufficient supply of registered nurses to meet the health care needs of the population.

Jo Eleanor Elliott
Director
Division of Nursing

ACKNOWLEDGMENTS

Conducting the newly licensed nurse study has been an enormous undertaking and I thank the many individuals at the National League for Nursing who were involved in ensuring that the study progressed smoothly, efficiently, and effectively through its many stages of development, implementation, and analysis. The culmination of these efforts has resulted in the book you now read, and I'd like to acknowledge the efforts of several special people who helped make this volume possible.

Janice Weisner, Managing Editor at NLN, was instrumental in developing the content and format of this manuscript. Andrea Arvonio did a superlative job in editing the text and choosing a format for the book that reflects the contemporary and confident tone of the individuals described in it. Kathy Kaufman, Research Coordinator, contributed greatly by harnessing the capabilities of our graphics software and lending a much-needed hand in data analysis and editing.

Finally, many thanks to Evelyn B. Moses, Chief, Nursing Data and Analysis Staff, Division of Nursing, Bureau of Health Professions, Department of Health and Human Services, who, as Project Officer on contract #240-88-0051, provided invaluable assistance in the data analysis.

1

OVERVIEW OF THE STUDY

THE TWO FACETS OF THE NURSING SHORTAGE

There was strong evidence in early 1986 of an impending and eminent crisis in nursing employment after employers began voicing concern over their inability to recruit sufficient numbers of registered nurses to their institutions.[1] These early warnings were substantiated by data presented in a press release by the American Hospital Association (AHA) in December 1986 indicating that vacancy rates for RNs had doubled between December 1985 and December 1986. The growing fears of employers were compounded by the release of the National League for Nursing's educational statistics in the summer of 1986 reporting an unexpected and dramatic 8 percent drop in the number of students enrolled in basic RN programs. (See Figure 1.1.) Since that time there have been consistent decreases in new admissions to nursing programs, spurring additional panic among nurse recruiters and hospital administrators.

The nursing shortage has put a terrible strain on all new nurses, especially the new grads. Many new grads, including myself, are already burnt-out from the job. (Rhode Island)

Initial speculations sought to link the current shortage to the seemingly negative image of nursing as a career choice among college students. However, it soon became clear that, at least in the short run, the solutions necessary to address both the current shortage and lowered interest in nursing were related, but quite disparate.

[1]Rosenfeld, P., & Moses, E. B. (1988). Nursing supply and demand: An analysis of newspapers, journals, and newsletters. *Nursing & Health Care*, 9(5), 248–252.

As the urgency of the situation intensified, the National League for Nursing took a leadership role in collecting data by expediting its planned survey of America's newly licensed nurses. The NLN's concern over the nursing shortage was shared by the Division of Nursing, Health Resources and Services Administration, Department of Health and Human Services. Hence, the Division contracted with the NLN to ensure that a detailed and thorough analysis of the data be undertaken. The value and utility of this study is that it provides information that may be used by *both* the employer and the educator in addressing their respective personnel or student shortages. In the final analysis, the ultimate success of recruitment efforts undertaken by educators and administrators is predicated upon a firm knowledge of just who their potential candidates are–who *is* the market.

CHANGE AND STABILITY

Recent interest in nursing's labor supply has spawned numerous reports, commissions, and research projects to isolate and identify causes of the crisis. One overriding–and misguided–focus of these activities has been to implicate the nursing profession by citing their inability to produce and maintain a sufficient supply of nurses, their difficulty in retaining nurses within the profession, and ultimately, their lack of commitment to quality health care. However, after years of being virtually ignored, it became quite apparent that the changes affecting nursing are clearly the results of dramatic socioeconomic shifts in both health care delivery and higher education. Surely there have been some changes exclusively within the nursing community, however, these internal developments are overshadowed by the enormity of external changes encountered by the nursing profession. More importantly, on some crucial indicators the new nursing supply displays as serious a commitment to health care (and particularly to nursing) as their predecessors

which, given the climate, is unexpected. In short, despite the unprecedented upheavals in health care, the new RN is a motivated professional committed to providing quality care *in spite* of the massive dislocations occurring in hospitals and other health care delivery settings. In fact, many changes within nursing may be interpreted as successful adaptations to variations in other spheres.

The duality of change and stability is best illustrated by some of the demographic characteristics of the 1987 cohort of new registered nurses. On one hand, the average newly licensed nurse is older than in previous years. This trend, however, is common among many disciplines within higher education, particularly among junior/community college students. On the other hand, as in the past, the overwhelming majority of new nurses are white and female.

Ironically, some findings that appear to reflect stability actually mask significant transformation. For example, like their predecessors, over 90 percent of new RNs are employed in hospitals. What remains hidden is the fact that the demand for RNs in hospitals has grown tremendously since 1982 despite lower admissions and unprecedented hospital closings.[2] The fact that new nurses are generally employed by hospitals, therefore, obscures two important–and seemingly contradictory–developments in health care: the growth in alternatives to hospital care and the soaring demand for RNs within hospitals.

SIGNPOSTS TO SOLUTIONS

This report is not a panacea for the nursing crisis. Neither does it purport to outline methods for recruitment to nursing schools and service. It offers something much more valuable–accurate, reliable data that can be employed to design solutions that best fit individual needs.

---

[2]American Hospital Association. (1988). *Hospital Statistics, 1988.* Chicago: Author.

Often the apparent homogeneity of the nursing profession disguises the great diversity among institutions that employ and prepare RNs. The old adage "A nurse is a nurse is a nurse" is as inaccurate as the unspoken adage "A hospital is a hospital is a hospital" or "A nursing education is a nursing education . . . . " Each institution, whether in higher education or health care delivery, develops its own subculture or personality, so what may work for one may prove disastrous for another. For example, the successful recruitment efforts of a Southern rural hospital will not necessarily work for the Midwestern urban medical center. Health care professionals, regardless of level or specialty, will not easily understand the values, norms, and social milieu of an institution which is new to them.

The information presented in these chapters are signposts to follow toward personalized, unique solutions. Because local and regional differences must be accounted for, data from individual states will be provided whenever possible. Moreover, the nine census regions were examined because they are more distinctive than other commonly used geographic categories. (See Figure 1.2.) Each chapter addresses a different area of concern and offers ample data and analysis to assist nursing educators, administrators, and policymakers in choosing the right road for them.

There are other aspects of the newly licensed nurse population which cannot be ignored. Clearly they are the much needed replacements for retiring RNs. Moreover, new RNs permit a window to see both the products of nursing educational programs and the freshest faces in practice. Additionally, as the new RN is absorbed into the present health care system, he or she also acts as our guide, or viewfinder, to the future nursing supply.

Numerous letters–some formally typewritten, others scrawled on note paper–accompanied the completed, returned surveys. Those who responded consistently revealed a deep commitment to their

profession and patient care. At the same time, two particular complaints appeared frequently. First, many nurses are growing impatient with the bureaucracy, staff shortages, and other frustrating working conditions they must contend with. Additionally, the contemporary newly licensed nurse is very sensitive about his or her educational preparation. Diploma and ADN nurses feel "put down," and "discriminated against," while baccalaureate-prepared RNs often express anger that their extra years of preparation do not translate into extra pay or prestige.

Whenever possible, relevant quotes from these letters will be included. These are poignant reminders that real people with real concerns are represented behind the numbers. Because descriptions of personal experiences, feelings, and attitudes provide an added dimension to the concrete and empirical reality of data, they will appear throughout the text.

CHAPTER OUTLINE

Chapter 2 provides an overview of the research design and methodology of the study. The entire universe of successful NCLEX-RN examinees from the July '87 cohort were included in the project, and substantial efforts were made to achieve a 70 percent response rate for each participating state, as well as for the nation. An in-depth item response analysis reveals that, aside from a slight underrepresentation of black newly licensed nurses, the data are extremely reliable and valid.

What are the different educational backgrounds of newly licensed nurses? No variable is as vital to our understanding of this group than educational preparation, which is the focus of Chapter 3.

A demographic profile of newly licensed nurses is presented in Chapter 4. Variables such as marital status, age, presence of children, ethnic/racial background, and sex are correlated with other key variables, such as program type and geographic regions.

The employment patterns of new RNs are the focus of Chapter 5. Detailed descriptions of job hunting experiences, employment status, salaries, and settings in which new RNs work are provided. In addition, analyses of those demographic features associated with different employment variables are presented.

Chapter 6 discusses two areas for which subjective data was collected. The first explores newly licensed RNs' attitudes concerning the adequacy of their nursing education. The findings are mixed, but are valuable in pointing out some of the potential deficiencies in our nursing schools. The second area in which perceptions are solicited is job satisfaction among new nurses. Measuring satisfaction is elusive since it is subjective, however, these data provide important signposts of what new RNs are looking for in a career.

Geographic mobility is often a neglected issue in discussions of nursing resources. Is the market for new RNs a local or national one? The information presented in Chapter 7 will provide data necessary for recruiters on both education and service.

Finally, a summary of the findings and interpretive remarks are presented in the last chapter.

2

OVERVIEW OF RESEARCH DESIGN AND METHODOLOGY

WHY A NATIONAL STUDY OF NEWLY LICENSED NURSES?

Research on nurses–their demographic backgrounds, employment patterns, attitudes, and behaviors–is plentiful. The sheer number of nurses, their pervasiveness and indispensibility to health care, their cost to the institutions that employ them, and their 24-hour-a-day presence in patient care make nurses popular topics of research for demographers, economists, sociologists, psychologists, and, of course, nurses themselves.[1]

The public needs to be educated as to what an RN's job consists of. It is amazing how many people do not even know what nurses really do. Even more amazing is how few doctors know what is required of an RN. (California)

The value of these studies is apparent, but many are either based on "convenient" samples or focus on one particular institution or location. However, the nursing profession is the largest group of health care providers in the country, and, to truly explore its diversity and range, a national perspective is necessary. The various regions within the United States are quite disparate, containing wide economic, subcultural, and political

[1]A growing number of nursing doctoral dissertations are written about nurses. See "Emerging Trends in Nursing Research: The Shift from Nurses to Nursing" by Marylou Yam and Peri Rosenfeld. In S. Hart (Ed.), *Issues in Graduate Nursing Education*. New York: National League for Nursing, 1987.

differences. Time and again, geographic differences emerge in the study of health care in general and nursing in particular. To study each region separately would make comparison difficult, particularly if different research designs and methods were employed.

The need for comprehensive and uniform national data was, therefore, one motivating factor in conducting the newly licensed nurse survey. The fact that this methodology affords absolutely reliable comparative data distinguishes this study from the majority of research on nurses. It is equally important to consider that the nursing profession is a vital national resource and, from a policy perspective, *must* be explored as a group. Indeed, the federal government's interest in the study of nurses is predicated on the belief that the maintenance of an adequate number and properly educated supply of nurses is vital to national security.

In short, the newly licensed nurse survey presents data for both micro (local) and macro (national) analyses. While highly descriptive, the data permit a range of comparative analyses across geographic regions, educational programs, and employment settings, as well as demographic characteristics.

THE RESEARCH DESIGN*

The study of newly licensed registered nurses which is the focus of this book was designed to explore four major areas of concern regarding our nation's newest RNs: their demographic backgrounds, educational preparation, employment characteristics, and geographic mobility. Certainly this was the most comprehensive study of its kind, but it was by no means the first. Between 1977 and 1982, the National League for Nursing had conducted annual surveys of newly

* This project was partially funded through a contract with the Division of Nursing, Health Resources and Services Administration, Department of Health and Human Services, Contract #240-88-0051.

licensed nurses. These earlier versions were discontinued for a variety of reasons, primarily due to the unavailability of necessary information on newly licensed RNs.

As concern over current nursing employment conditions intensified in the mid-1980s, the NLN grew more anxious to reactivate the survey of newly licensed nurses. The first step was to approach the National Council of State Boards of Nursing (NCSBN) for data on newly licensed RNs. The NCSBN required that each state board authorize the release of information of their state's new licensees. This approval procedure took over a year to complete.[2]

THE SURVEY INSTRUMENT

Each newly licensed RN received a personalized survey (precoded for school code, state, and program type), containing 24 questions covering (1) demographic characteristics, (2) educational characteristics (3) employment characteristics, and (4) geographic characteristics. Moreover, business reply envelopes were included. (See survey sample (Figure 2.1).) For a variety of reasons, particularly expedience and clarity, a simple, brief, machine-readable (OPSCAN) format was chosen for the questionnaire. Contemporary RNs are familiar with this format, which is extensively used in all educational institutions.

[2]The State Boards of Nursing in Hawaii and New Hampshire have refused permission to release information on their new licensees despite several attempts to persuade them otherwise. Since these states are relatively small, their absence will not prejudice the findings of this study. Due to mail forwarding, some newly licensed nurses from these two states received and responded to the survey. However, these respondents cannot be considered representative of these states.

DEMOGRAPHIC CHARACTERISTICS

Demographic characteristics such as age, sex, ethnicity and race, marital status, and number of children at home were covered in survey questions 17–20. All items, except question 19, were close-ended, i.e., respondents selected from available choices. Respondent's age, however, was open-ended and was determined through a calculation by year of birth. (See question 19.) This approach has enabled the establishment of ranges and medians and the analysis of these ranges and medians vis-à-vis other variables, such as program type and employment status. These demographic characteristics serve as vital independent variables in the data analyses.

EDUCATIONAL CHARACTERISTICS

Data on educational characteristics were collected both through survey responses and precoding. Questions 1 and 2 of the survey requested information on year of graduation and type of basic nursing program graduated from. Location and type of nursing school were also precoded as described above. Since these two variables, particularly type of nursing program, are critical to this study, a precoding method with verification in the survey was highly desirable. Therefore, if a respondent failed to complete question 2, that information was not lost.

Furthermore, a computer program had been prepared to enable the precoded state and school codes to be "translated" into postal service county codes. This, too, served us well in the data analysis, particularly in the analysis of geographic mobility before and after nursing education. Finally, a question concerning prior LPN/LVN licensure was included to provide a clearer understanding of career mobility within nursing. (See question 5.)

EMPLOYMENT CHARACTERISTICS

A majority of questions on the survey instrument involved the job hunting and employment experiences of newly licensed nurses. Responses to question 6 have identified those who were employed in nursing from 6 to 8 months after licensure and those who were not. Those respondents who were *not* employed in nursing were directed to questions 14–16. These questions provided information as to why the individual was not employed in nursing and whether or not he or she was seeking a nursing job.

Those individuals who were employed in nursing at the time of the survey were directed to respond to questions regarding the length of time it took to find their first job (Q7), the type of employer (Q8), their salary (Q9), their employment status (Q10), and the type of position held (Q12). The item concerning salary is open ended, thereby permitting an analysis of ranges, medians, and other descriptive statistics. These survey items, individually and in combination, provide a comprehensive portrayal of the employment characteristics of new RNs employed in nursing positions. Moreover, the employment variables, in conjunction with demographic variables, supply data to answer a broad range of questions surrounding the newest additions to the nation's nursing supply.

GEOGRAPHIC CHARACTERISTICS

A vital piece of the survey of newly licensed RNs was to provide data for an understanding of the geographic mobility of these newest nurses. This frequently neglected topic is the key to recruitment both into the study and practice of nursing. New entrants to a profession are often the most willing to relocate for employment. Is there a national market for new RNs or a local one? Answers to questions such as "Which new RNs are most mobile?" can make a difference in recruitment campaigns.

To track the RNs' mobility, the survey instrument contained several items that requested specific information (i.e., zip codes and county and state names) for residence before and after attending nursing school (Q22 and 23), and location of current place of employment (Q24). Two more geographic variables are available from precoded data–location of nursing school and current address (distilled from current address as it appears on mailing label *or* corrected address).

This section required that each survey be coded individually with postal service state and county codes. Coders were supplied with both standard county code books and code books arranged by zip code to accommodate the possibility that a respondent would not know their county codes but might remember zip codes.

In sum, geographic characteristics in the form of postal and county codes were collected for five areas: (1) current residency (from mailing address), (2) residency *immediately* before attending nursing school (from item on survey), (3) residency *immediately* after graduating nursing school (from item on survey), (4) location of current employment (from item on survey), and (5) location of nursing school attended (established from the precoded nursing school identification codes).[3]

METHODOLOGY AND RESPONSE RATE

During the week of February 18, 1988, 53,808 precoded, individualized questionnaires were sent out by first class mail. In short, **ALL** newly licensed RNs were included in this study. At the outset, the NLN had committed to a 70 percent response rate nationally.

[3] The precoded school identification number served another critical function. Individual schools could obtain personalized reports of how their students responded to the survey compared to other students in their region and the nation. This service is available from NLN.

Moreover, every attempt was made that each state achieve a 70 percent response rate. After two waves of mailings, each state's response rate was analyzed individually to determine the best method for obtaining the desired response rate. In some cases, this meant a third mailing with a strongly worded request for cooperation. In other cases, it meant that telephone follow-ups were more appropriate. For others, a combined methodology was used. In the final analysis, 704 telephone surveys were conducted.

A national response rate of 71.04 percent, i.e., 38,227, was achieved.* The response rates ranged from 68.5 percent in Mississippi to almost 78 percent in Alaska. The response rates of the following states were the highest: Alaska (78%), Missouri (74%), Ohio (74%), and Virginia (74%). (See Table 2.1.) It is important to note that all of the large states are well represented: California (70%), Illinois (69.6%), New York (69.7%), Pennsylvania (70%), Ohio (74%), Texas (69%). In short, both the national and state-by-state response rates are more than sufficient to lend confidence to these data.

A detailed item response analysis revealed that, while response rates varied from item to item, on the whole, item response rates were excellent. Most items achieved response rates in the 90 percent ranges. Surprisingly, even questions related to salary and age (considered the more sensitive questions) achieved 95 percent and 97.6 percent response rates.

The responses of those individuals contacted by telephone actually satisfied another objective in addition to the achievement of a 70 percent response rate for each state–they served as representatives of nonrespondents. By comparing a randomly selected group of those who responded by mail and those

* After processing through the "Optical Scanner" program, some surveys were deleted from the data set. Surveys were deleted if (1) they were duplicates of a survey which was already processed or (2) the machine could not read the survey because of damage.

Figure 1.1.
ADMISSIONS TO BASIC RN PROGRAMS: 5-YEAR TREND

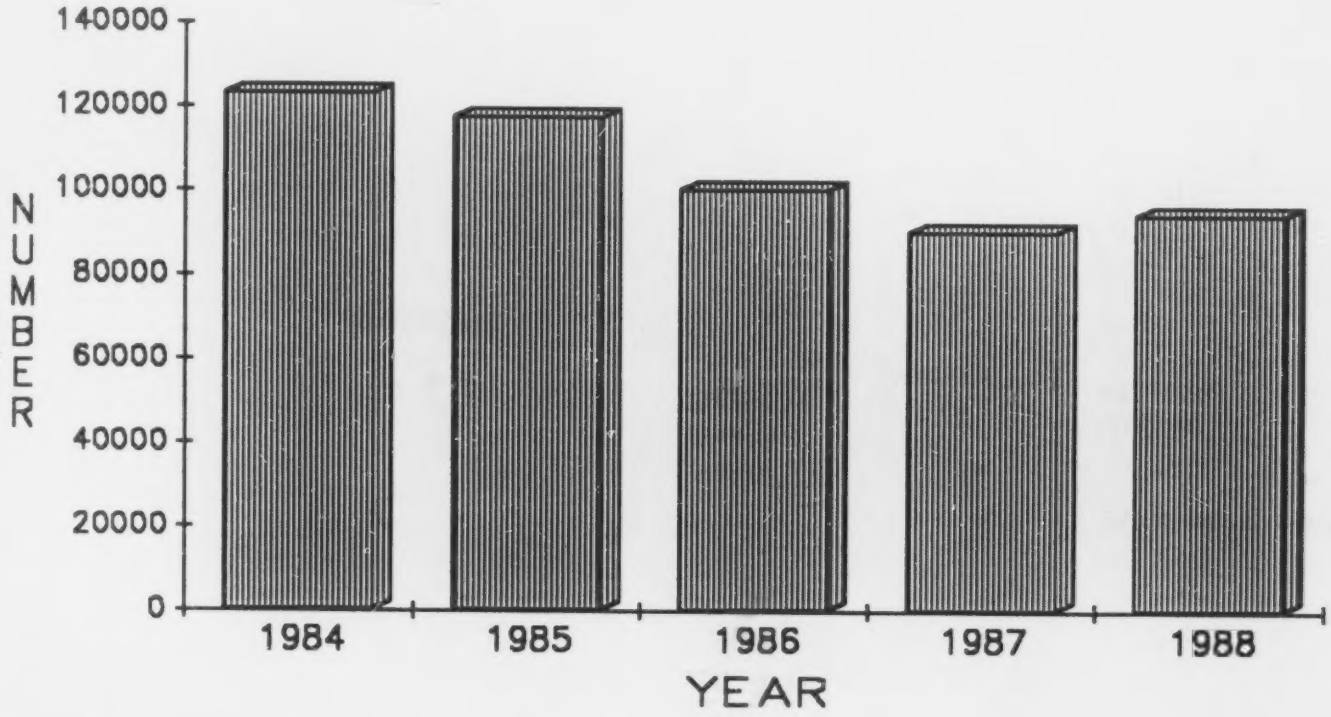
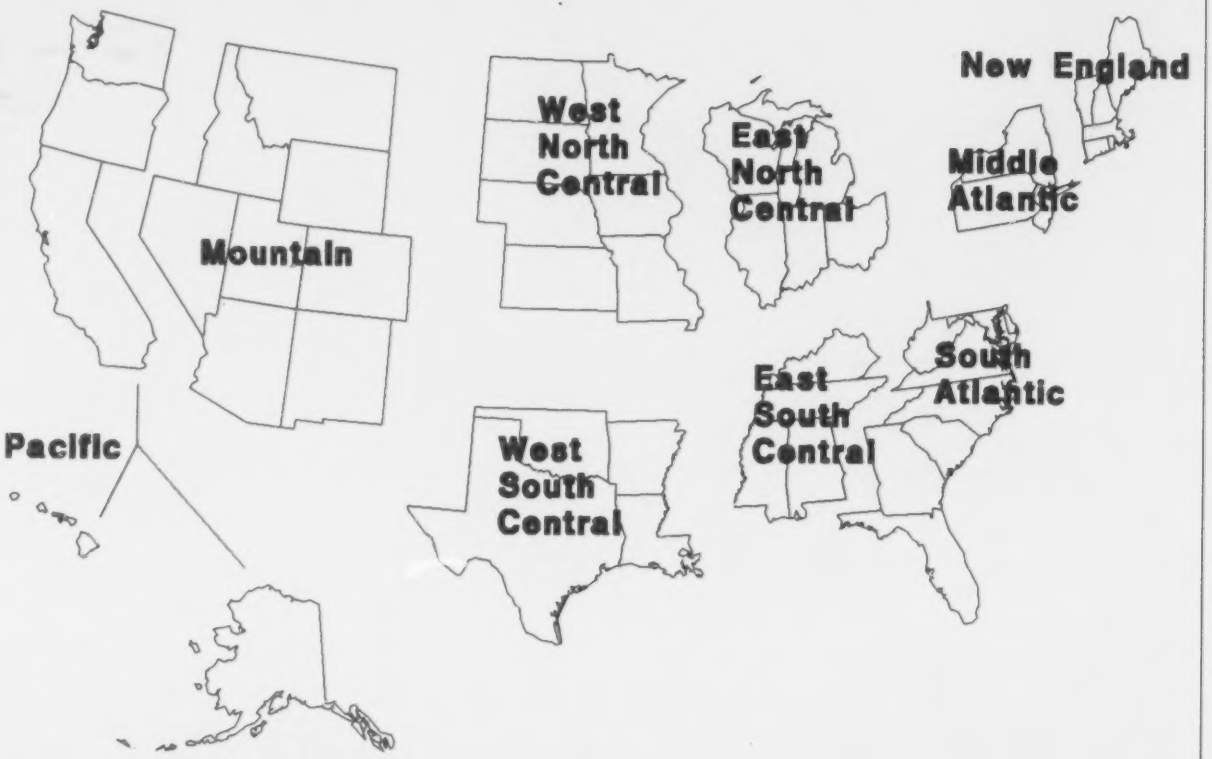


Figure 1.2.
CENSUS REGIONS OF THE UNITED STATES



surveyed by phone, it was possible to identify any factors that may contribute to the nonresponse. Put another way, this analysis of nonresponse permitted an understanding of any potential biases among the "mail" respondents. A series of cross-tabulations revealed that the "mail" group underrepresented the number of black newly licensed nurses. The underrepresentation of blacks was also borne out by a comparison of newly licensed nurse respondents and findings from the National League for Nursing's annual survey of nursing educational programs. The 1987 annual survey reported that 6 percent of the RN graduates were black. While this is one limitation of this study, in view of the breadth of the research, it may be seen as a minor one.

A NOTE ABOUT THE NUMBERS

There is little need to perform statistical significance tests on these data. Several critical features of this study render its findings inherently reliable: it is a universal study (not a sample), it represents extremely large numbers, and it yielded a better than average response rate. In essence, this means that any differences that are uncovered are real and significant–*not* artifacts of methods or sampling biases.

On the other hand, the large numbers often obscure small, but important, differences. For example, despite the fact that the overwhelming majority of RNs are employed, it behooves us to understand the unemployed as well. In short, because of its magnitude, differences *do* count.

TABLE 2.1. Response Rate by State in which Attended Nursing School, Newly Licensed Nurses, 1988

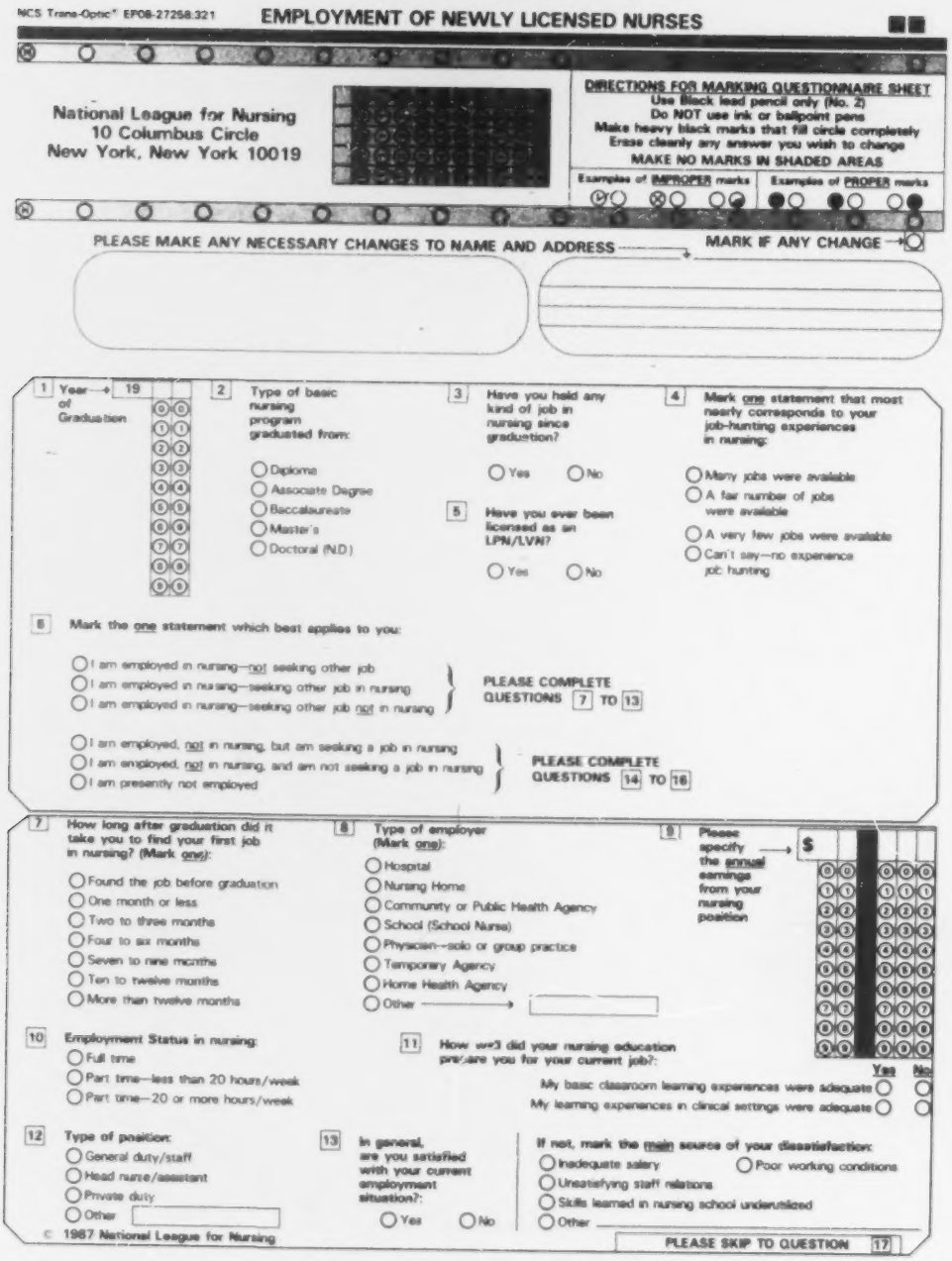
STATE*	NUMBER OF RESPONDENTS	RESPONSE RATE
Alabama	811	70.58
Alaska	35	77.78
Arizona	350	70.85
Arkansas	344	69.64
California	2,338	70.19
Colorado	334	69.73
Connecticut	509	73.77
Delaware	190	70.11
District of Columbia	173	70.61
Florida	1,197	70.00
Georgia	848	69.91
Idaho	142	71.00
Illinois	2,039	69.83
Indiana	1,068	72.75
Iowa	854	72.87
Kansas	517	73.54
Kentucky	659	70.11
Louisiana	420	70.00
Maine	220	70.06
Maryland	669	73.19
Massachusetts	1,413	70.76
Michigan	1,718	70.27
Minnesota	789	70.57
Mississippi	519	69.48
Missouri	855	74.22
Montana	130	72.63
Nebraska	219	74.74
Nevada	84	71.79
New Jersey	1,043	72.68
New Mexico	219	69.97
New York	3,119	70.03
North Carolina	947	69.79
North Dakota	199	71.33
Ohio	2,518	74.37
Oklahoma	485	69.88
Oregon	510	74.13

TABLE 2.1. Response Rate by State in which Attended Nursing School, Newly Licensed Nurses, 1988 (Continued)

STATE	NUMBER OF RESPONDENTS	RESPONSE RATE
Pennsylvania	2,850	70.20
Rhode Island	279	70.99
South Carolina	464	72.05
South Dakota	175	70.28
Tennessee	976	70.27
Texas	1,598	69.69
Utah	203	70.00
Vermont	112	70.44
Virginia	891	74.44
Virgin Islands	2	33.33
Washington	730	71.22
West Virginia	442	69.83
Wisconsin	867	70.03
Wyoming	79	71.17
Unknown	75	65.22
TOTAL	38,227	71.04

* The State Boards of Nursing in Hawaii and New Hampshire have refused permission to release information on their new licensees despite several attempts to persuade them otherwise. Since these states are relatively small, their absence will not prejudice the findings of this study. Due to mail forwarding, some newly licensed nurses from these two states received and responded to the survey. However, these respondents cannot be considered representative of these states.

Figure 2.1.
SURVEY SAMPLE



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EMPLOYMENT OF NEWLY LICENSED NURSES

National League for Nursing
10 Columbus Circle
New York, New York 10019

DIRECTIONS FOR MARKING QUESTIONNAIRE SHEET
Use Black lead pencil only (No. 2)
Do NOT use ink or ballpoint pens
Make heavy black marks that fill circle completely
Erase cleanly any answer you wish to change
MAKE NO MARKS IN SHADED AREAS

Examples of IMPROPER marks | Examples of PROPER marks

PLEASE MAKE ANY NECESSARY CHANGES TO NAME AND ADDRESS → MARK IF ANY CHANGE →

1 Year of Graduation → 19

2 Type of basic nursing program graduated from:
- Diploma
- Associate Degree
- Baccalaureate
- Master's
- Doctoral (N.D.)

3 Have you held any kind of job in nursing since graduation?
- Yes
- No

5 Have you ever been licensed as an LPN/LVN?
- Yes
- No

4 Mark one statement that most nearly corresponds to your job-hunting experiences in nursing:
- Many jobs were available
- A fair number of jobs were available
- A very few jobs were available
- Can't say—no experience job hunting

6 Mark the one statement which best applies to you:
- I am employed in nursing—not seeking other job
- I am employed in nursing—seeking other job in nursing
- I am employed in nursing—seeking other job not in nursing

→ PLEASE COMPLETE QUESTIONS 7 TO 13

- I am employed, not in nursing, but am seeking a job in nursing
- I am employed, not in nursing, and am not seeking a job in nursing
- I am presently not employed

→ PLEASE COMPLETE QUESTIONS 14 TO 16

7 How long after graduation did it take you to find your first job in nursing? (Mark one):
- Found the job before graduation
- One month or less
- Two to three months
- Four to six months
- Seven to nine months
- Ten to twelve months
- More than twelve months

8 Type of employer (Mark one):
- Hospital
- Nursing Home
- Community or Public Health Agency
- School (School Nurse)
- Physician—solo or group practice
- Temporary Agency
- Home Health Agency
- Other →

9 Please specify the annual earnings from your nursing position → $

10 Employment Status in nursing:
- Full time
- Part time—less than 20 hours/week
- Part time—20 or more hours/week

11 How well did your nursing education prepare you for your current job?:

	Yes	No
My basic classroom learning experiences were adequate	○	○
My learning experiences in clinical settings were adequate	○	○

12 Type of position:
- General duty/staff
- Head nurse/assistant
- Private duty
- Other

13 In general, are you satisfied with your current employment situation?:
- Yes
- No

If not, mark the main source of your dissatisfaction:
- Inadequate salary
- Poor working conditions
- Unsatisfying staff relations
- Skills learned in nursing school underutilized
- Other

→ PLEASE SKIP TO QUESTION 17

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Figure 2.1. (Continued)

14 Are you currently seeking a job?

○ Yes ○ No

If yes,

○ In nursing
○ Not in nursing

15 Main reason why not employed in nursing (Mark one):

○ No jobs
○ Jobs available, but couldn't find what I wanted
○ Continuing my education
○ Family responsibilities
○ Have relocated
○ Don't want to practice nursing
○ Other

16 How long have you been actively seeking a job?

○ One month or less
○ Two to three months
○ Four to six months
○ Seven to nine months
○ Ten to twelve months
○ More than twelve months

PLEASE PROVIDE THE DEMOGRAPHIC INFORMATION IN QUESTIONS 17 TO 23 BELOW. ALL INFORMATION ON THIS FORM WILL BE HELD IN THE STRICTEST CONFIDENCE. NO INDIVIDUAL'S RESPONSES WILL BE RELEASED OR REPORTED.

17 Sex:

○ Female
○ Male

18 Racial/Ethnic background:

○ White (Non-hispanic)
○ Black (Non-hispanic)
○ Hispanic
○ Asian American
○ American Indian

19 Year of Birth → 19 ☐☐

20 Marital status:

○ Never married
○ Married
○ Separated/Divorced
○ Widowed

21 Number and ages of your children at home (own or adopted):

	ONE	TWO OR MORE
Under three years of age	○	○
Three to five years of age	○	○
Six to seventeen years of age	○	○
No children at home →	○	

22 Residency immediately before attending nursing school:

STATE
COUNTY
ZIP CODE

23 Residency immediately after graduating from nursing school:

STATE
COUNTY
ZIP CODE

24 Location of current place of employment:

STATE
COUNTY
ZIP CODE

COMMENTS:

3

EDUCATIONAL CHARACTERISTICS AND GEOGRAPHIC DISTRIBUTIONS

No topic creates as much controversy among nurses as the discussion of various types of nursing education. Although the public remains largely unaware of these differences, the changing trends in nursing education have never been more prominent and important.

We need to standardize our requirements for RN preparation, or at least recognize the differences. There may be some hurt feelings, but by inaction, the problem is perpetuated. (Connecticut)

The history of nursing education is fraught with struggle–with physicians, hospital administrators, other educators, and among nurses themselves. (See Fondiller, 1980; Reverby, 1987.) However, despite the turmoil, the numbers of nursing students and nursing educational programs had been growing continuously until the mid-1980s. While the historical growth in numbers is noteworthy, the proportion of RNs receiving different types of nursing education is probably the most important recent development in nursing.

Figure 3.1 illustrates the dramatic shift in nursing education away from hospital-based diploma and toward junior/community college associate degree programs. The number of baccalaureate nursing programs has clearly increased, however, the greatest growth has been among associate degree programs. Currently, associate degree programs comprise 54.9

percent of the nation's RN preparation programs. Basic baccalaureate programs represent 33.2 percent, and diploma, 11.9 percent of the total. (See Table 3.1.) Naturally, these percentages are reflected in graduation statistics as well. The majority of newly licensed RNs nationwide graduated from associate degree programs; over a third (34.0%) completed baccalaureate programs, and an additional 12.6% received diplomas. (See Figure 3.2.)

Between 1980 and 1987, the number of associate degree graduates grew over 7 percent. (See Figure 3.3.) In 1980, associate degree preparation had already represented the largest group (46.3%), but by 1987 they were a majority (53.6%). While the proportion of baccalaureate RNs has remained stable over the 7-year period, the number of diploma RNs shrunk from over one-fifth of all RNs to only 12.4 percent.[1], [2]

Among the 1987 cohort of newly licensed RNs, there exist significant regional differences in the proportion of new RNs by program type. (See Table 3.2.) The declining representation of diploma preparation among newly licensed nurses is apparent in the 1987 cohort. Diploma graduates represent no more than one-fifth of the total in any region. The Middle Atlantic and West North Central regions report the greatest

[1] In order to identify trends in job opportunities for new RNs, the findings of the 1980 and 1982 newly licensed nurse surveys were compared to those of the 1987 cohort. See *Nursing Data Book, 1981* and *Nursing Data Book, 1983–1984*, New York: National League for Nursing. See also "Employment, Mobility and Personal Characteristics of Newly Licensed Nurses 1970 and 1980," unpublished paper, Bureau of Health Professions, HRSA, DHHS.

[2] These findings from the newly licensed nurse survey have been verified by comparisons with findings from the National League for Nursing's annual survey of nursing educational programs. See *Nursing Student Census–1988*, New York: National League for Nursing.

percentage of diploma RNs (20.8%). (Note however, that New York is quite different from its regional neighbors, New Jersey and Pennsylvania.) On the West Coast, the proportion of diploma graduates drops to 1.3 percent in the Mountain and 1.9 percent in the Pacific regions.

Associate degree graduates are most prevalent in the Mountain region (68.0%). On the other hand, New England reports the lowest proportion of ADN graduates (43%) but also has the greatest proportion of baccalaureate-prepared newly licensed nurses (40.4%). The proportion of ADN graduates, therefore, ranges from 43 percent to just over 70 percent over the 9 regions. Baccalaureate preparation for RN licensure is consistently represented in the 30–40 percent range in each of the 9 regions. In view of the professional call for BSN education as the credential of choice for entry into nursing, these figures are not encouraging.

The increased proportion of newly licensed nurses prepared at the associate degree level has major implications for educators, administrators, and policymakers. We will see in the next chapter that the demographic profile of the associate degree graduate is quite different than that of the diploma or baccalaureate graduate.

In terms of geographic distribution, it is important to note that a greater proportion of new registered nurses are found on the Eastern seaboard. (See Figure 3.4.) Over 40 percent of new RNs work in the East: New England (6.8%), Middle Atlantic (18.3%), South Atlantic (15.5%). While the ratio of newly licensed nurses to population as a whole, is not significant,[3]

[3] The current ratio of RNs to population in the United States is 668 employed RNs per 100,000 population in the nation, and regional differences exist. See *Sample Survey of Registered Nurses, 1988*. Bureau of Health Professions, Public Health Service, DHHS (in press). Similar health indicators are commonly used in regard to physician to population ratios and number of hospital beds, etc.

when one compares that ratio regionally or on a state-by-state basis, it becomes evident that variations do exist. For example, by calculating the ratio of population to newly licensed RNs, one finds that there are 2 new RNs for every 10,000 people in New England, compared to only 1.1 new RNs per 10,000 people in the West South Central region. Thus, there are nearly 2 times the number of newly licensed RNs per 10,000 population in New England as there are in the West South Central region. In short, one potential indicator of adequate supply is the relationship between supply and population.

OTHER EDUCATIONAL CONCERNS

It is not surprising that overall, 94 percent of all RNs licensed in July 1987 graduated in the same year. Approximately 3 percent graduated in 1986, and an additional 1.6 percent graduated before 1986. In this area, no significant differences existed between program types. Ninety-five percent of diploma RNs graduated in 1987; 94 percent of the ADN graduates, and 93 percent of the BSN.

Licensed practical/vocational nurses are often considered to be good potential candidates for RN education. In fact, LPN/LVNs are being actively recruited to RN preparation programs, and many associate degree programs are open exclusively to LPN/LVNs.[4] This trend is borne out by the responses of newly licensed nurses to the question "Have you ever been licensed as an LPN/LVN?" The survey showed that 41.3 percent of the ADN prepared newly licensed nurses held PN/VN licenses, while 11.5 percent of diploma-prepared, and 7.5 percent of BSN graduates did so prior to obtaining an RN license. (See Figure 3.5.)

[4] Based on findings from the NLN's 1988 annual survey of nursing educational programs, an impressive majority of associate degree programs offer advanced placement to LPN/LVNs.

Note that the question does not ask if the individual ever *practiced* as an LPN/LVN. Therefore, it is not possible to distinguish those individuals with prior LPN/LVN licenses who became RNs after working as LPN/LVNs (i.e., career mobility) and those who held LPN/LVN licenses as a "fallback" to obtaining their RN license. Moreover, many states–for example, New York and California–permit individuals enrolled in RN programs to sit for the NCLEX-LPN/LVN prior to the completion of their RN education. These trends make it difficult to arrive at any conclusion about the impact of interim licensees, such as those in New York and California, as recruitment sources for new RNs.

The extent to which LPN/LVNs can be viewed as an available source of potential RNs apparently rests on their numbers. The current supply of LPN/LVNs is 608,700 according to projections made by the Division of Nursing.[5] Moreover, recent data on LPN/LVN education reveals a consistent and dramatic downward trend in graduations since 1983–1984.

Career mobility has always been a unique and progressive feature of the nursing profession. Particularly now, when nursing resources are extremely limited and the need for more sophisticated nursing personnel is growing, there are increasing efforts to expand the opportunities for LPN/LVNs and nursing aides to prepare as RNs. For example, the Greater New York Hospital Association, Inc. has initiated Project L.I.N.C. (Ladders in Nursing Careers) to reach out to lesser prepared nursing personnel with educational programs to help them advance to the RN level. The logic of this innovation is illustrated by one newly licensed registered nurse from Colorado who wrote: "I continued my education in nursing because I already had progressed from a nurse's aide to an LPN, and this was the most logical next step . . . Because of my past

[5] *Sixth Report of the President and Congress on the Status of Health Personnel in the United States.* U.S. Department of Health and Human Services, June 1988.

experience, I did not have any false illusions about what the workplace is actually like for a nurse."

Recruiting LPN/LVNs is not without its obstacles. LPN/LVNs who become RNs often feel as if they are at the bottom of the barrel at institutions where they had worked for many years and accrued seniority. As one Californian wrote: "Essentially an LVN with a day position was penalized for upgrading to RN (forced to work nights) . . . the policy in our hospital has since changed to include all LVNs who want to upgrade to RN and are afraid to do so for fear of losing their current day positions."

TABLE 3.1. Number of Basic RN Programs by Program Type, Region, and State

	TOTAL	PROGRAM TYPE		
		Diploma	Associate Degree	Baccalaureate
United States	**1,443**	**171**	**792**	**480**
NEW ENGLAND				
REGION TOTAL	99	19	46	34
Connecticut	18	5	6	7
Maine	15		9	6
Massachusetts	44	11	19	14
New Hampshire	10	1	6	3
Rhode Island	7	2	2	3
Vermont	5		4	1
MIDDLE ATLANTIC				
REGION TOTAL	235	66	97	72
New Jersey	39	17	15	7
New York	104	11	59	34
Pennsylvania	92	38	23	31
SOUTH ATLANTIC				
REGION TOTAL	235	19	142	74
Delaware	6	1	3	2
District of Columbia	5		1	4
Florida	40	1	26	13
Georgia	32	1	19	12
Maryland	23	3	14	6
North Carolina	57	4	41	12
South Carolina	20		13	7
Virginia	34	8	16	10
West Virginia	18	1	9	8
EAST SOUTH CENTRAL				
REGION TOTAL	118	6	69	43
Alabama	35	2	20	13
Kentucky	27		18	9
Mississippi	21		14	7
Tennessee	35	4	17	14
WEST SOUTH CENTRAL				
REGION TOTAL	132	7	74	51
Arkansas	20	2	11	7
Louisiana	21	3	6	12
Oklahoma	27		16	11
Texas	64	2	41	21

(Continued)

TABLE 3.1. Number of Basic RN Programs by Program Type, Region, and State (Continued)

	TOTAL	PROGRAM TYPE		
		Diploma	Associate Degree	Baccalaureate
EAST NORTH CENTRAL				
REGION TOTAL	258	36	131	91
Illinois	72	11	35	26
Indiana	42	3	19	20
Michigan	48	3	31	14
Ohio	67	18	31	18
Wisconsin	29	1	15	13
WEST NORTH CENTRAL				
REGION TOTAL	157	17	80	60
Iowa	36	5	20	11
Kansas	33	2	20	11
Minnesota	23		12	11
Missouri	40	8	21	11
Nebraska	10	1	2	7
North Dakota	6			6
South Dakota	9	1	5	3
MOUNTAIN				
REGION TOTAL	69		48	21
Arizona	15		11	4
Colorado	12		6	6
Idaho	7		5	2
Montana	4		2	2
Nevada	7		5	2
New Mexico	14		13	1
Utah	4		1	3
Wyoming	6		5	1
PACIFIC				
REGION TOTAL	140	1	105	34
Alaska	2		1	1
California	90	1	68	21
Hawaii	6		4	2
Oregon	18		14	4
Washington	24		18	6

TABLE 3.2.
Number of Newly Licensed Nurses By State of Residency, Census Region, and Program Type

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
GRAND TOTAL	**37,798**	**100.0**	**4,766**	**12.6**	**20,212**	**53.5**	**12,820**	**33.9**
NEW ENGLAND								
REGION TOTAL	2,545	100.0	422	16.6	1,095	43.0	1,028	40.4
Connecticut	565	100.0	156	27.6	176	31.2	233	41.2
Maine	210	100.0	20	9.5	91	43.3	99	47.1
Massachusetts	1,371	100.0	215	15.7	614	44.8	542	39.5
New Hampshire	57	100.0	7	12.3	26	45.6	24	42.1
Rhode Island	261	100.0	24	9.2	132	50.6	105	40.2
Vermont	81	100.0			56	69.1	25	30.9
MIDDLE ATLANTIC								
REGION TOTAL	6,869	100.0	1,426	20.8	2,980	43.4	2,463	35.9
New Jersey	1,189	100.0	277	23.3	492	41.4	420	35.3
New York	2,875	100.0	236	8.2	1,583	55.1	1,056	36.7
Pennsylvania	2,805	100.0	913	32.5	905	32.3	987	35.2
EAST NORTH CENTRAL								
REGION TOTAL	8,219	100.0	1,261	15.3	4,156	50.6	2,802	34.1
Illinois	2,092	100.0	336	16.1	1,039	49.7	717	34.3
Indiana	1,042	100.0	117	11.2	534	51.2	391	37.5

(Continued)

TABLE 3.2.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
EAST NORTH CENTRAL (Continued)								
Michigan	1,668	100.0	135	8.1	1,003	60.1	530	31.8
Ohio	2,535	100.0	605	23.9	1,173	46.3	757	29.9
Wisconsin	882	100.0	68	7.7	407	46.1	407	46.1
WEST NORTH CENTRAL								
REGION TOTAL	3,404	100.0	709	20.8	1,627	47.8	1,068	31.4
Iowa	717	100.0	176	24.5	387	54.0	154	21.5
Kansas	476	100.0	41	8.6	242	50.8	193	40.5
Minnesota	784	100.0	52	6.6	429	54.7	303	38.6
Missouri	914	100.0	278	30.4	382	41.8	254	27.8
Nebraska	194	100.0	99	51.0	45	23.2	50	25.8
North Dakota	177	100.0	43	24.3	58	32.8	76	42.9
South Dakota	142	100.0	20	14.1	84	59.2	38	26.8
SOUTH ATLANTIC								
REGION TOTAL	5,744	100.0	466	8.1	3,385	58.9	1,893	33.0
Delaware	149	100.0	14	9.4	74	49.7	61	40.9
District of Columbia	42	100.0			20	47.6	22	52.4
Florida	1,224	100.0	36	2.9	882	72.1	306	25.0
Georgia	919	100.0	65	7.1	543	59.1	311	33.8

(Continued)

TABLE 3.2.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SOUTH ATLANTIC (Continued)								
Maryland	782	100.0	75	9.6	373	47.7	334	42.7
North Carolina	932	100.0	89	9.5	527	56.5	316	33.9
South Carolina	453	100.0	16	3.5	285	62.9	152	33.6
Virginia	886	100.0	137	15.5	413	46.6	336	37.9
West Virginia	357	100.0	34	9.5	268	75.1	55	15.4
EAST SOUTH CENTRAL								
REGION TOTAL	2,758	100.0	253	9.2	1,618	58.7	887	32.2
Alabama	743	100.0	61	8.2	378	50.9	304	40.9
Kentucky	630	100.0	21	3.3	450	71.4	159	25.2
Mississippi	449	100.0	8	1.8	269	59.9	172	38.3
Tennessee	936	100.0	163	17.4	521	55.7	252	26.9
WEST SOUTH CENTRAL								
REGION TOTAL	2,834	100.0	133	4.7	1,658	58.5	1,043	36.8
Arkansas	327	100.0	6	1.8	211	64.5	110	33.6
Louisiana	464	100.0	68	14.7	158	34.1	238	51.3
Oklahoma	450	100.0	4	.9	275	61.1	171	38.0
Texas	1,593	100.0	55	3.5	1,014	63.7	524	32.9

(Continued)

TABLE 3.2.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MOUNTAIN								
REGION TOTAL	1,568	100.0	21	1.3	1,066	68.0	481	30.7
Arizona	377	100.0	7	1.9	260	69.0	110	29.2
Colorado	363	100.0	13	3.6	207	57.0	143	39.4
Idaho	131	100.0			112	85.5	19	14.5
Montana	120	100.0	1	.8	49	40.8	70	58.3
Nevada	91	100.0			67	73.6	24	26.4
New Mexico	225	100.0			183	81.3	42	18.7
Utah	202	100.0			142	70.3	60	29.7
Wyoming	59	100.0			46	78.0	13	22.0
PACIFIC								
REGION TOTAL	3,857	100.0	75	1.9	2,627	68.1	1,155	29.9
Alaska	39	100.0			16	41.0	23	59.0
California	2,557	100.0	68	2.7	1,778	69.5	711	27.8
Hawaii	20	100.0			8	40.0	12	60.0
Oregon	505	100.0	4	.8	330	65.3	171	33.9
Washington	736	100.0	3	.4	495	67.3	238	32.3

Figure 3.1.
NUMBER OF BASIC RN PROGRAMS: 20-YEAR TREND

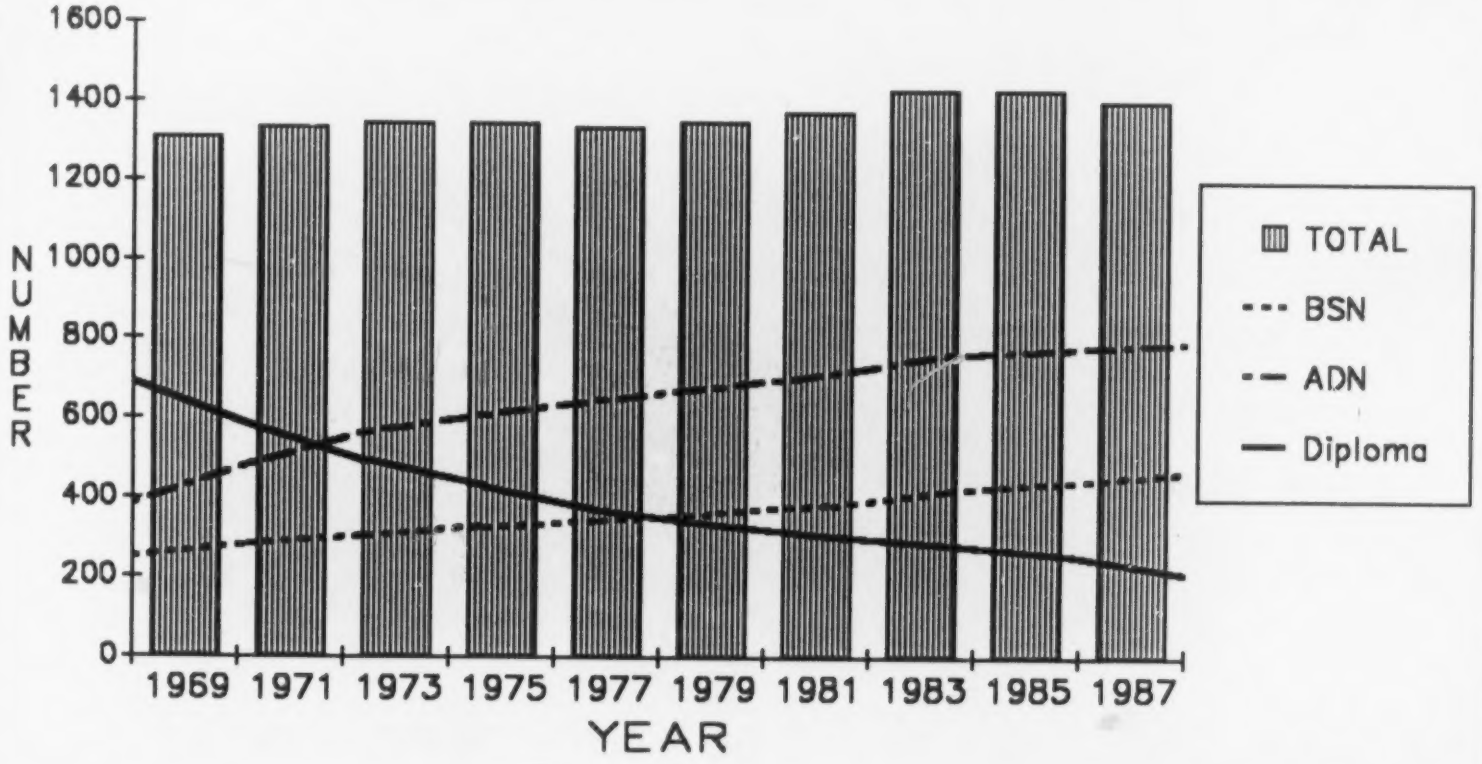
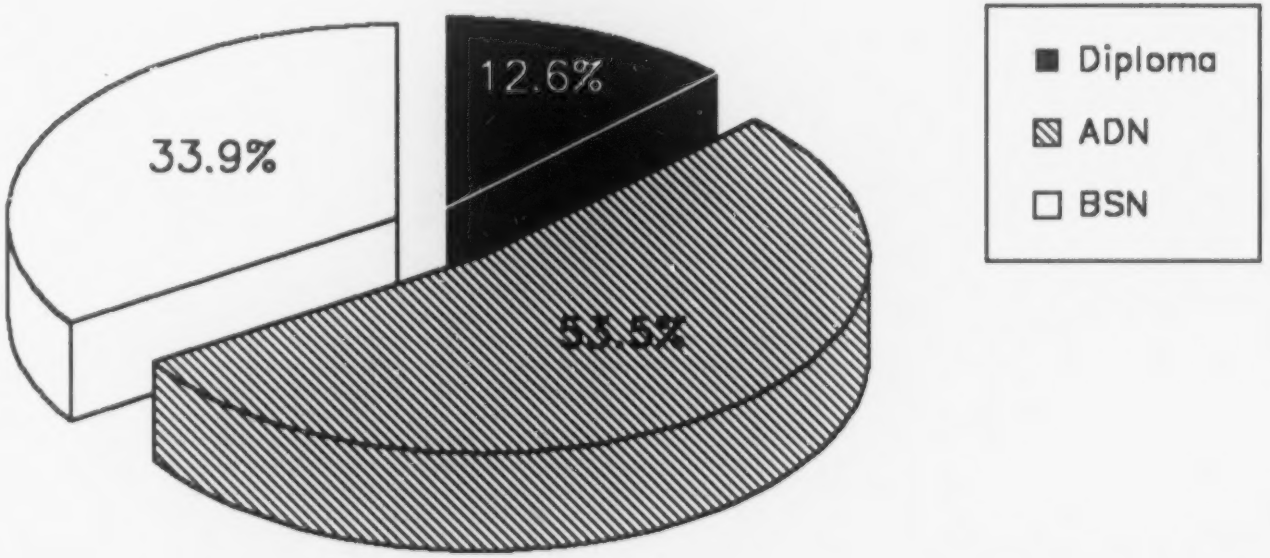


Figure 3.2.
NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION



4

THE MANY FACES OF NEWLY LICENSED NURSES

Data on the demographic features of newly licensed nurses can be considered a form of market research. For the educator seeking students and the administrator seeking staff, there is no replacement for good, basic information about your consumer, target audience, and potential recruits. For example, a new RN's marital status is likely to influence his or her decision to work nights or weekends, or to attend school full- or part-time. From a policy perspective, the proportion of single, divorced, or married newly licensed nurses may mean different proposals to provide child care, financial aid, or housing.

There is one indisputable fact–associate degree graduates are demographically different from graduates of baccalaureate and diploma programs. Newly licensed nurses prepared at the baccalaureate and diploma levels have more in common than their associate degree counterparts. A second, very powerful demographic variable to keep in mind is census region. Wide regional variations exist, particularly in the areas of race/ethnicity and salaries.

This chapter will provide an overview of those demographic variables that prove to be most valuable in explaining nurses' behaviors–age, marital status and presence of children, racial/ethnic background, and sex. Upcoming chapters will

I plan on spending some weekdays speaking to junior high and high school level (students) to promote nursing, because I feel it's a dynamic and ever-changing profession. You get out of any profession what you put into it and I feel the reward is always from within. (Michigan)

describe how these demographic variables affect employment status, activity status, and geographic mobility. To begin with, let's explore the many faces of newly licensed nurses.

DEMOGRAPHIC CHARACTERISTICS OF NEWLY LICENSED NURSES

Marital Status

The majority of new RNs prepared at the associate degree level are married; the majority of BSN and diploma graduates, however, are single. In the aggregate, it appears that almost 50 percent of newly licensed nurses are married, 41 percent are single, and the remaining 9 percent are separated/divorced or widowed. However, approximately 60 percent of the diploma and BSN graduates are single, and approximately 60 percent of the associate degree graduates are married. (See Figure 4.1.) Moreover, the percentage of separated or divorced associate degree graduates is much greater than the others. (See Table 4.1.)

Additionally, the presence of dependent children is the norm among ADN new RNs. Regardless of marital status, the majority (53%) of associate degree graduates have children living at home. Almost 41 percent of the new RNs prepared at the ADN level are married with children–over twice as many as their diploma and BSN counterparts. Similarly, over 12 percent of the ADN graduates are separated or divorced with children at home–only 5 percent of the diploma and 4 percent of BSNs are in this position.

Between 1980 and 1987, there has been a steady increase in the proportion of married nurses and a concommitant decline in the proportion of single newly licensed nurses. Also note that the proportion of "divorced/separated" has grown steadily since 1980. These trends can be primarily explained by the

greater proportion of associate degree graduates who are (and have always been) older and least likely to be "never married." (See Table 4.2.)

In short, the two variables of marital status and presence of dependent children reveal significant variations among graduates of the different educational programs. The implications of these data are profound–the career goals and educational concerns of married and unmarried individuals may be quite different. Moreover, responsibility for dependent children will certainly be a factor in any employment decision made.

Age

The differences which become clear when analyzing marital status can, to some extent, be explained by the age distribution of newly licensed nurses according to educational preparation. (See Figure 4.2.) First, the modal age for diploma-prepared new RNs is around 21; for BSN-prepared newly licensed nurses it is about 22. Among both diploma and BSN graduates, the modes peak quickly and are very pronounced. Moreover, smaller and less impressive peaks appear among BSN and diploma graduates in the 26–30 age category. This reflects a minor bi-modal distribution, i.e., one big peak and one smaller.

The age distribution among associate degree graduates is quite different. The mode ranges over two age categories (from 26–35) and then tapers off slowly. In other words, the associate degree graduates are uniformly older, and a rather small proportion are under 25.

The median age of all newly licensed nurses is 26, representing an increase over the 1982 figure of 24.8. Associate degree graduates are (and have always been) considerably older than their diploma-and baccalaureate-prepared counterparts. However, the difference between the median age of ADN graduates and the others has grown over the years.

The current median age of 31 for ADN graduates is greater than it was in 1984 when the *Sample Survey*[1] found it to be 28. While the median age for diploma and BSN graduates has remained relatively unchanged since 1984, the median age for ADN graduates has increased by 3 years. The median age for baccalaureate-and diploma-prepared RNs in 1987 was 23. This figure is exactly as it had been in 1984 for BSN graduates, and the median age for diploma graduates increased one year since 1984.

In short, the average age of new associate degree RNs is generally older than earlier cohorts. However, there has been little or no change among those graduating from BSN or diploma programs. Furthermore, since a greater proportion of new RNs are prepared at the associate degree level, the average age of the new and future nursing supply is likely to increase. This suggests that a large proportion of diploma and BSN students are enrolling in nursing programs soon after high school, and that for associate degree graduates, the decision to pursue a nursing career was made in adulthood.

Men and Minority RNs

Not surprisingly, the overwhelming majority of newly licensed nurses are female; nationally only 5.8 percent of the 1987 cohorts were male. (See Figure 4.3.) Very little variation appears among program types: 6 percent of ADN graduates are male, 5.5 percent of diploma, and 5.3 percent of BSN. The distribution by gender of newly licensed nurses in 1980, 1982, and 1987 has remained essentially unchanged. (See Table 4.2.) Among the 1987 cohort, it is interesting to note that the Mountain and Pacific regions report the highest percentages of male newly licensed RNs (8.3 and 8.4%, respectively). Conversely, New England, East North Central, and South Atlantic regions have the fewest (4.6% and 4.9% respectively).

Having more men in nursing will change the stereotype and eliminate the profession from being the gender-based occupation it most certainly is. (Minnesota)

[1] *Sample Survey of Registered Nurses, 1984.* Division of Nursing, HRSA, DHHS.

Nationwide, the overwhelming majority of new RNs in 1987 were white (91.7%). Less than 5 percent were black, 2 percent Hispanic, 1.5 percent Asian, and less than 0.5 percent American Indian. (See Table 4.2.)[2]

A slightly higher percentage of graduates of associate degree programs were black (5.0%) or Hispanic (2.4%). (Compare these to the percentage of BSN (4.4% black/1.7% Hispanic) and diploma graduates (2.6% black/1.0% Hispanic).) Almost 2 percent of BSN graduates who responded were Asian, along with 1.5 percent of the ADN graduates, and 1 percent of diploma. The proportion of American Indians is less than 0.5 percent over all program types. There is little difference in the racial/ethnic composition of these groups between 1980 and 1987, except that the number of Asians dropped slightly. (See Table 4.2.)

Significant regional differences do emerge among the 1987 cohort, with over 8 percent of the new RNs in the East South Central region stating that they are black. (Conversely, this region reports the smallest percentage of Hispanics.) The South Atlantic ranks second in the proportion of blacks (7.7%), followed by West South Central with 6.2 percent blacks, and the Middle Atlantic reporting that over 5 percent of the new RNs there are black. As a group, these four regions have a greater than average proportion of black newly licensed nurses. The other five regions are below the average in proportion of blacks, the Mountain region ranking lowest with only 1 percent blacks. It is important to put these figures into perspective. The distribution of blacks among the general population varies greatly. For example, blacks comprise 21 percent of the population in the South Atlantic and 20 percent in the East South Central regions. On the other hand, just 2.5 percent

[2] An analysis of nonrespondents suggests that blacks are somewhat underrepresented in this sample.

Figure 3.3.
BASIC RN EDUCATION OF NEWLY LICENSED NURSES: 1980, 1982, & 1987

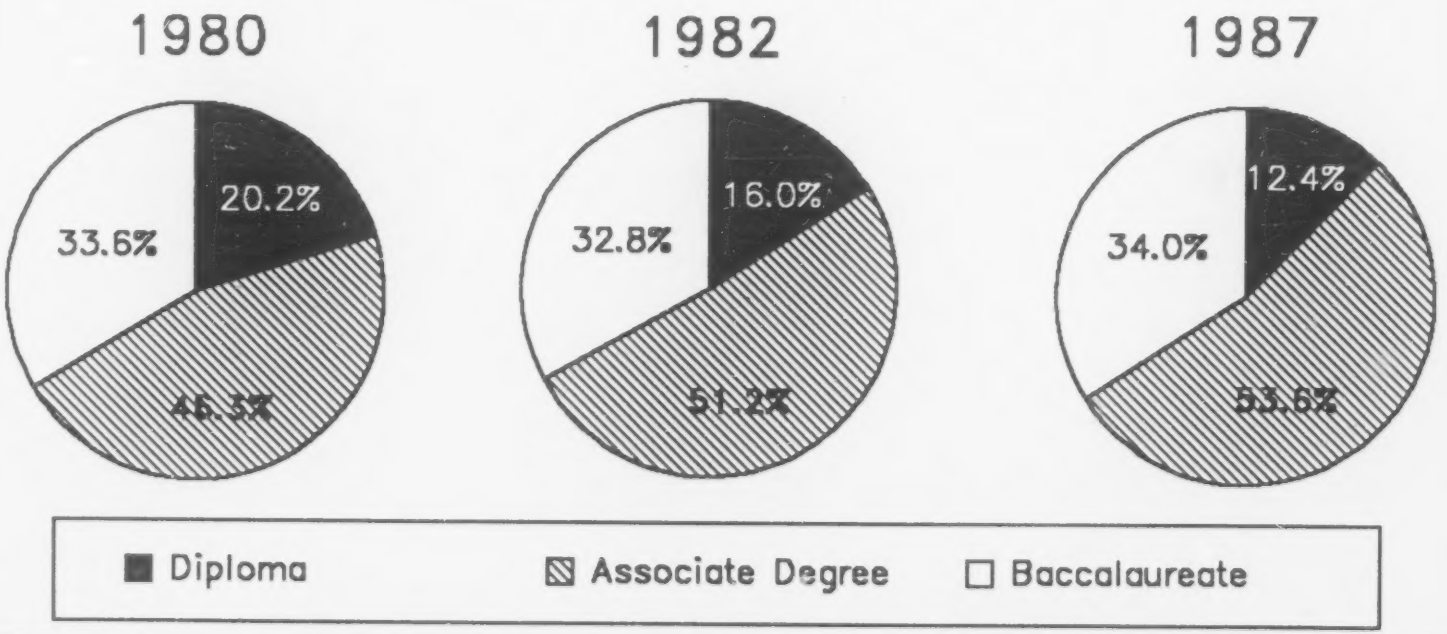


Figure 3.4.
NEWLY LICENSED NURSES BY CENSUS REGION

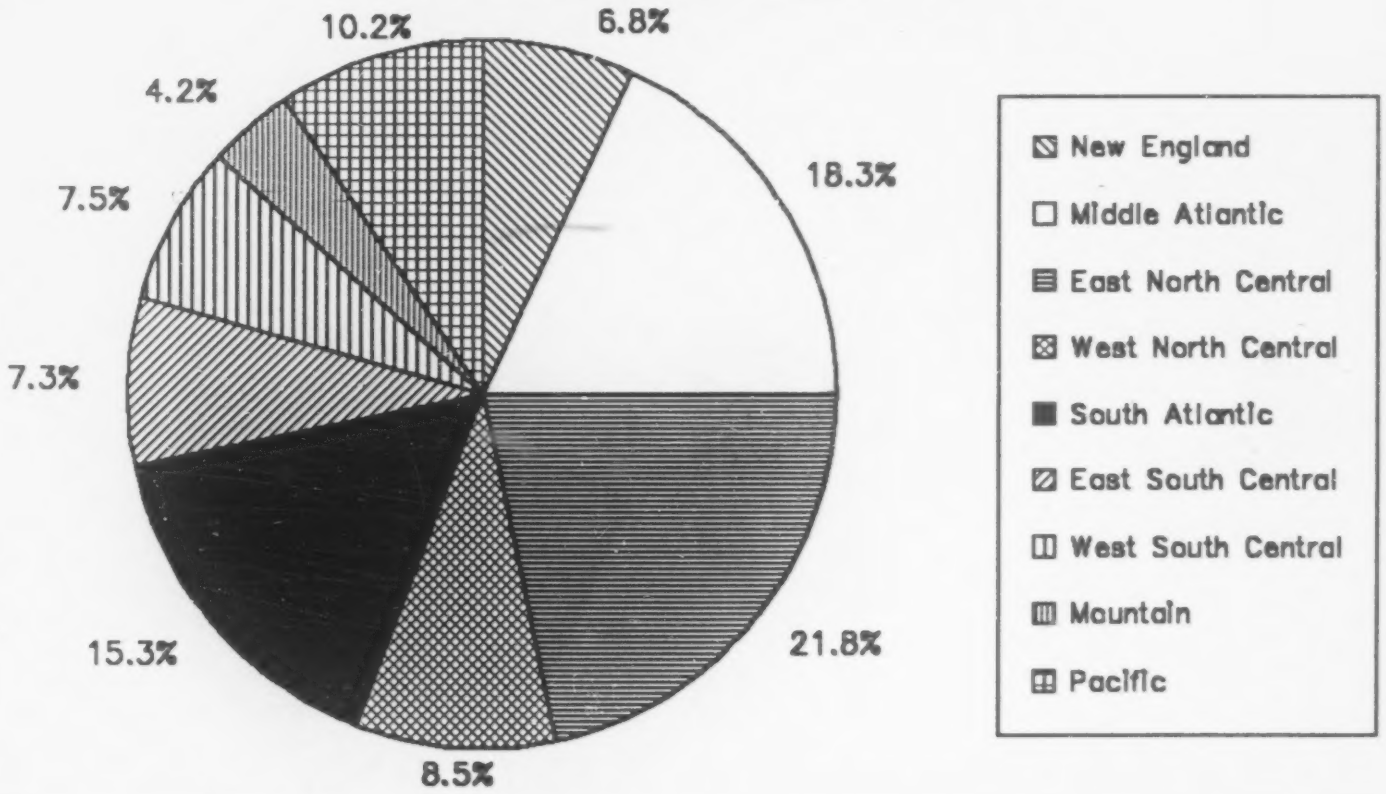
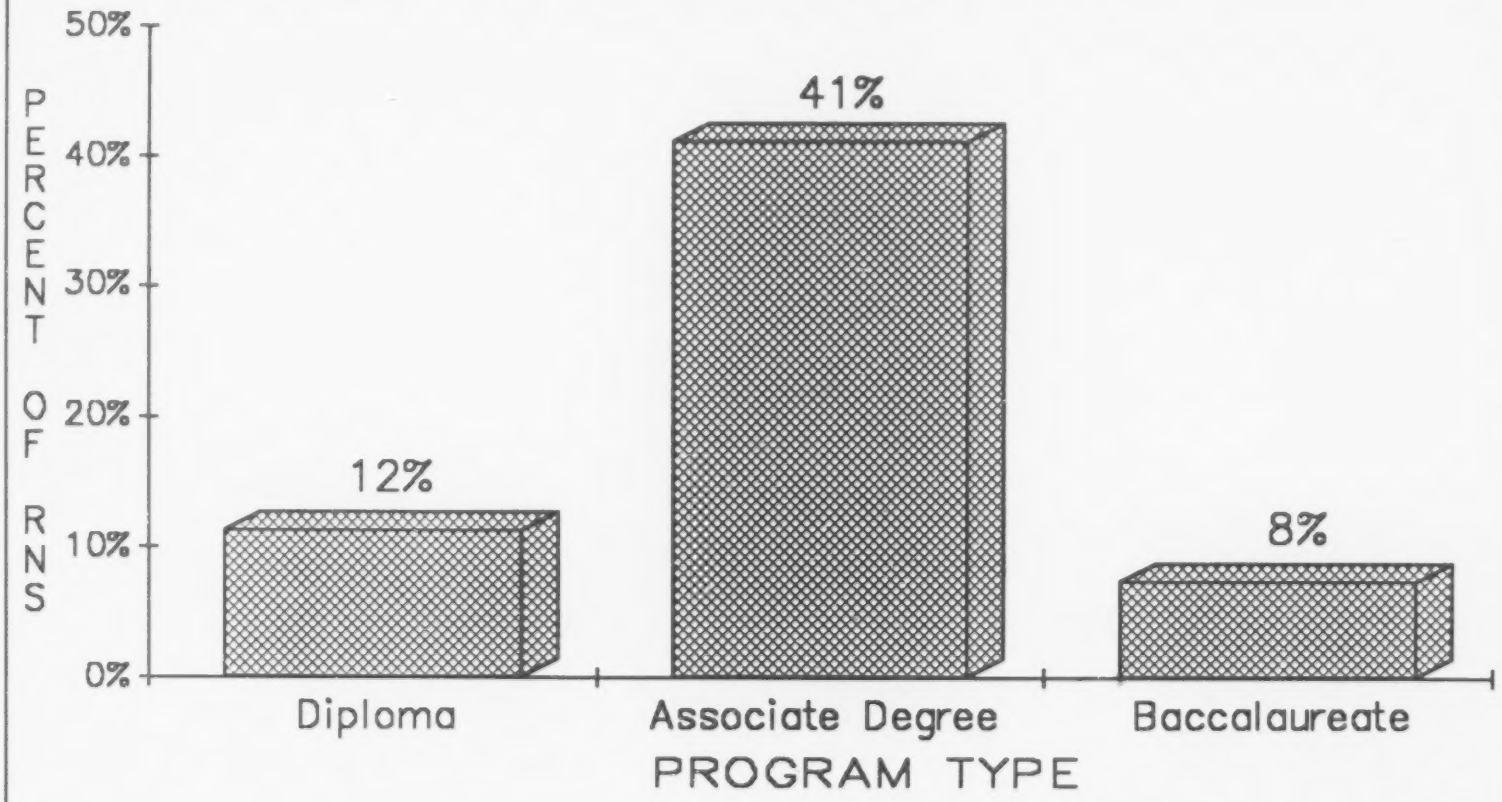


Figure 3.5.
PRIOR LPN/LVN LICENSURE OF NEWLY LICENSED NURSES BY PROGRAM TYPE



of the population in the Mountain region are black and 4.6 percent in New England.[3]

There is considerable variation in the proportion of Hispanic newly licensed nurses by census region. Almost 6 percent of the respondents in the West South Central region report that they are Hispanic; while 5.3 percent of the Pacific region's new RNs and 5 percent of the respondents in the Mountain region state they are Hispanic. It is interesting to note, however, that while the *proportion* of Hispanics (vis-à-vis other racial groups) is greater in the West South Central, the greatest *number* are in the Pacific region. On the other hand, less than 1 percent of the new RNs are Hispanic in several regions: East North Central (0.9%), New England (0.7%), West North Central (0.4%), and East South Central (0.2%).

In addition to the regional variations, there are other important differences among newly licensed nurses of varying racial/ethnic backgrounds. For example, there are differences in the average ages of white, black, Hispanic, Asian, and American Indian nurses. American Indians are the oldest newly licensed nurses (mean age = 32.4), and Asians, the youngest (mean = 28.4). The mean age of blacks is 30.8, Hispanics, 29, and whites, 28.7. (See Table 4.3.)

[3] See *Statistical Abstracts of the United States, 1988*. Washington, DC: United States Department of Commerce, Bureau of the Census.

TABLE 4.2. Newly Licensed Registered Nurses by Sex, Racial/Ethnic Background, and Marital Status: 1980, 1982, 1987

	1980	1982	1987
SEX			
TOTAL	100.0	100.0	100.0
Female	94.4	94.5	94.2
Male	5.6	5.5	5.8
RACIAL/ETHNIC BACKGROUND			
TOTAL	100.0	N/A	100.0
White	90.7	N/A	91.7
Black	4.3	N/A	4.5
Hispanic	1.4	N/A	2.0
Asian	3.3	N/A	1.5
Native American	0.3	N/A	0.4
MARITAL STATUS			
TOTAL	100.0	100.0	100.0
Never Married	46.7	44.6	40.8
Married	44.6	45.9	48.9
Divorced/Separated	8.0	8.9	9.5
Widowed	0.7	0.6	0.8

TABLE 4.1.
Demographic Profile of Newly Licensed Nurses By Program Type

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**36,722**	**100.0**	**4,653**	**100.0**	**19,570**	**100.0**	**12,499**	**100.0**
RACIAL/ETHNIC BACKGROUND:								
White	33,712	91.8	4,443	95.5	17,775	90.8	11,494	92.0
Black	1,618	4.4	116	2.5	959	4.9	543	4.3
Hispanic	715	1.9	42	.9	466	2.4	207	1.7
Asian	550	1.5	46	1.0	283	1.4	221	1.8
American Indian	127	.3	6	.1	87	.4	34	.3
MARITAL STATUS:								
Never Married	14,971	40.8	2,623	56.4	4,927	25.2	7,421	59.4
Married	17,956	48.9	1,762	37.9	11,681	59.7	4,513	36.1
Separated/Divorced	3,505	9.5	249	5.4	2,728	13.9	528	4.2
Widowed	290	.8	19	.4	234	1.2	37	.3
PRESENCE OF CHILDREN:								
Has Children at Home	13,719	37.4	1,117	24.0	10,422	53.3	2,180	17.4
No Children at Home	23,003	62.6	3,536	76.0	9,148	46.7	10,319	82.6

(Continued)

TABLE 4.1.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SEX:								
Female	34,598	94.2	4,395	94.5	18,377	93.9	11,826	94.6
Male	2,124	5.8	258	5.5	1,193	6.1	673	5.4
AGE:								
Under 21	589	1.6	93	2.0	492	2.5	4	.0
21 Years	2,166	5.9	1,153	24.8	911	4.7	102	.8
22 Years	5,894	16.1	779	16.7	1,051	5.4	4,064	32.5
23 Years	4,483	12.2	491	10.6	1,085	5.5	2,907	23.3
24 Years	2,698	7.3	366	7.9	911	4.7	1,421	11.4
25 Years	1,799	4.9	213	4.6	896	4.6	690	5.5
26–30 Years	6,399	17.4	622	13.4	4,286	21.9	1,491	11.9
31–35 Years	5,620	15.3	447	9.6	4,207	21.5	966	7.7
36–40 Years	3,829	10.4	297	6.4	3,020	15.4	512	4.1
41–45 Years	1,942	5.3	114	2.5	1,612	8.2	216	1.7
46 & Over	1,303	3.5	78	1.7	1,099	5.6	126	1.0

TABLE 4.3.
Age of Newly Licensed Nurses By Ethnic/Racial Background and Employment Status

	TOTAL				EMPLOYMENT							
					Employed in Nursing				Not Employed in Nursing			
	Number	Percent	Mean Age	Std. Dev.	Number	Percent	Mean Age	Std. Dev.	Number	Percent	Mean Age	Std. Dev.
TOTAL	**37,252**	**100.0**	**28.8**	**7.57**	**36,274**	**97.4**	**28.8**	**7.55**	**978**	**2.6**	**29.8**	**8.34**
White	34,185	100.0	28.7	7.57	33,293	97.4	28.6	7.54	892	2.6	29.8	8.42
Black	1,647	100.0	30.8	7.72	1,604	97.4	30.8	7.74	43	2.6	30.4	7.24
Hispanic	730	100.0	29.0	6.88	711	97.4	29.0	6.87	19	2.6	29.5	7.49
Asian	560	100.0	28.4	6.89	539	96.2	28.4	6.84	21	3.7	29.2	8.17
American Indian	130	100.0	32.4	8.28	127	97.7	32.3	8.30	3	2.3	35.7	8.39

Figure 4.1.
MARITAL STATUS OF NEWLY LICENSED NURSES BY PROGRAM TYPE

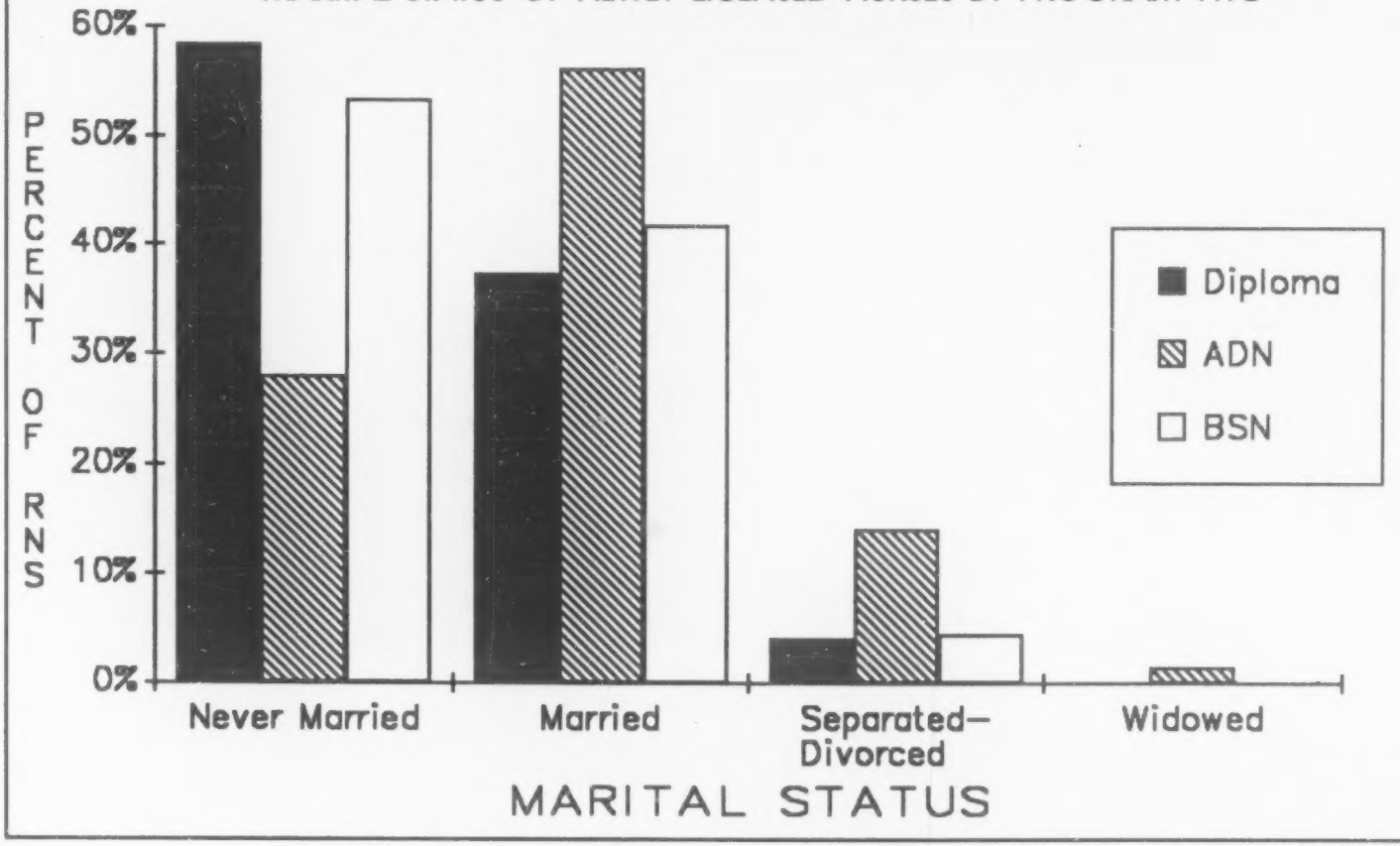
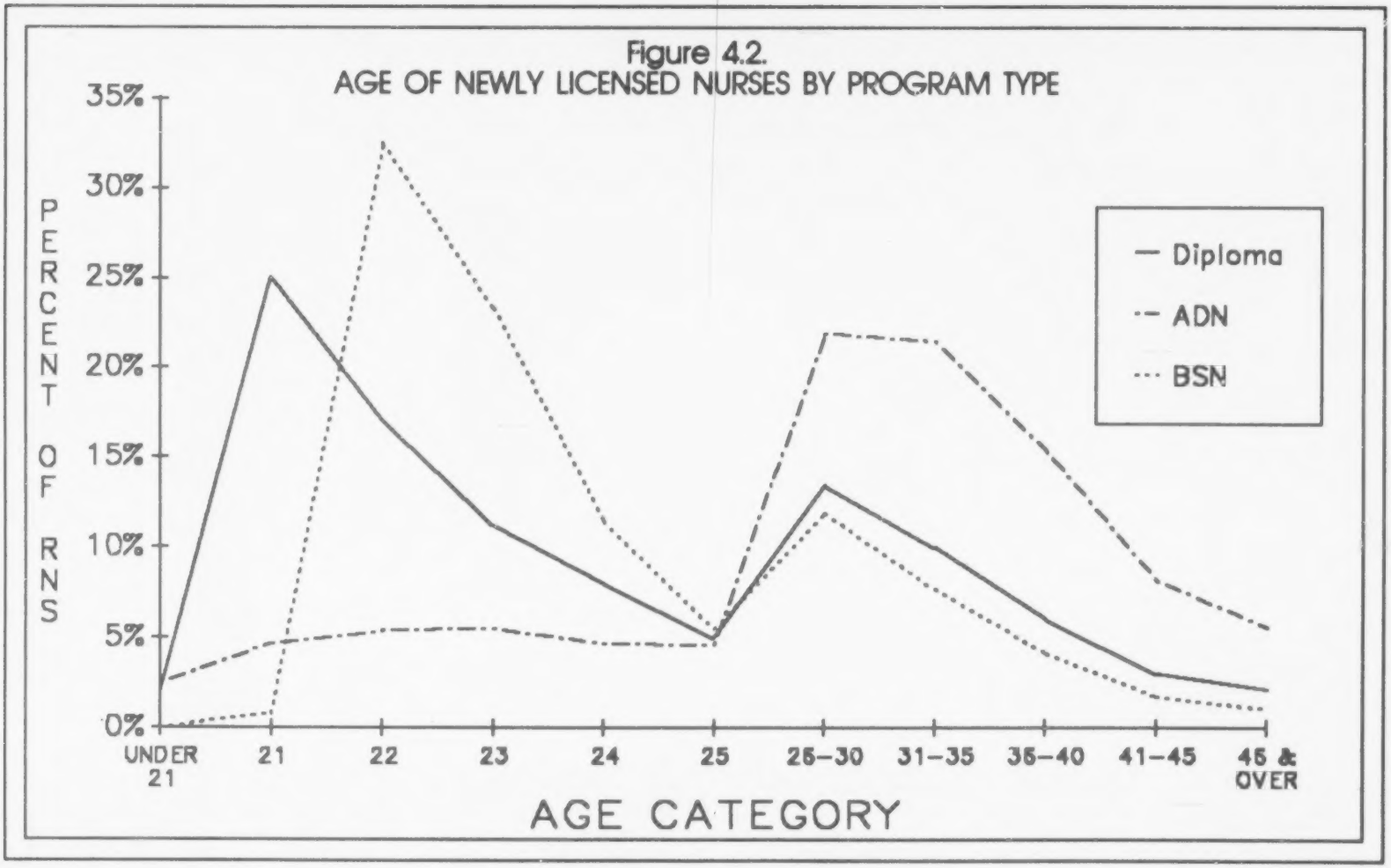


Figure 4.2.
AGE OF NEWLY LICENSED NURSES BY PROGRAM TYPE



5

EMPLOYMENT PATTERNS AMONG NEWLY LICENSED NURSES

SUPPLY AND DEMAND: HOW DO NEWLY LICENSED NURSES FIT IN?

This chapter details some of the most sought after information about newly licensed nurses–what happens to them after graduation. Increased anxiety over the nursing shortage has precipitated some damaging misinformation about the nursing profession. Specifically, there has been talk that the shortage is due to insufficient supply because "nurses no longer work at the bedside" and "nurses are leaving the profession." The findings from this study prove emphatically that new nurses *are* committed to nursing–the overwhelming majority are employed in nursing, and few are seeking non-nursing employment. Indeed, one may conclude that most of the tiny group who are not presently employed in nursing plan to get a nursing job in the future. Moreover, an incredible 92 percent of new RNs have chosen hospital staff positions for their first jobs. In short, the behaviors of new RNs clearly dispel the oft-cited misconception that the current shortage is supply based.

I feel very fortunate to have found a hospital to work in that is very supportive of their nursing staff. (Florida)

On the other hand, the study's findings provide impressive evidence that the demand for new RNs is very strong. Almost two-thirds of the newly licensed nurses stated that many positions were available when they

were looking for jobs. Additionally, 80 percent found jobs before graduation, suggesting that vigorous recruitment of new RNs begins before licensure.

The next chapter will present information about how RNs feel about their jobs. Quotes from letters received from new RNs will illuminate what one calls "the love/hate relationship" they have with nursing. Before we explore the emotional side, let us examine the facts surrounding employment patterns of new RNs, their salaries, activity statuses, and employment settings.

THE EMPLOYMENT STATUS OF NEWLY LICENSED NURSES

As far as their first jobs are concerned, the employment statuses of new RNs, regardless of educational preparation, do not vary widely. As expected, the overwhelming majority (97.4%) of those who received their RN licenses in July 1987 were employed in nursing 6 to 9 months later. Of the 37,063 that were employed in nursing, almost 72 percent were not seeking other employment at the time of the survey, and an additional 24 percent were seeking another nursing job. Just under 2.5 percent of those employed in nursing were seeking a non-nursing job. (See Table 5.1 and Figure 5.1.) Little variation exists among graduates of the different program types.

In short, the amount of unemployment among newly licensed nurses is extremely low. In fact, the overwhelming majority of newly licensed nurses have *always* been employed in nursing 6 to 9 months after licensure; in 1980, 95.4 percent; in 1982, 96.1 percent; and in 1987, 97.4 percent. (See Table 5.2.) We have seen these positive figures consistently throughout the years for which data is available.

A look at the state-by-state distribution of newly licensed nurses by employment status reveals that all but a few states have about 97 percent of their new

RNs employed in nursing. (Exceptions include: New York, Nevada, New Mexico, Utah, and all states in the Pacific region.) Moreover, in terms of employment status, little variation exists among racial/ethnic RNs–there is 96–98 percent employment for all groups.

Who Are the Unemployed?

The extremely small group of individuals not employed in nursing–1.6 percent of the total (981 people)–can be further divided between those employed in non-nursing jobs (0.8% of total; 298 people) and those who are unemployed (1.8% of total; 686 individuals). The data show that 70 percent of those 981 new RNs not employed in nursing are voluntarily unemployed, and, could very well seek nursing employment in the future.

In order to assess the level of voluntary unemployment, those not employed in nursing were asked to state the main reason why they weren't working in a nursing position. Only 3 percent of those not employed in nursing and 0.1 percent of the total (30 individuals nationwide) claimed that they were not employed in nursing because no jobs were available. Nine percent (n = 92) stated that "jobs were available but couldn't find what I wanted." Clearly, involuntary unemployment is almost nonexistent among new RNs. (See Figure 5.2.)

In the aggregate, 30 percent (n = 289) of those not employed in nursing have family responsibilities that prevent them from working, and an additional 22.5 percent (n = 220) are continuing their education. In view of the demographic background of newly licensed nurses–predominantly female and in their childbearing years–it is not surprising that family obligations would rank first among the main reasons for unemployment in nursing. Furthermore, there exists significant pressure for ADN and diploma RNs to obtain BSN preparation, hence, the second place rank of continuing education as a reason for not being employed in nursing. Almost 17 percent (n = 162) state

that they do not want to practice nursing, and, presumably, have decided to "leave nursing."

Keeping in mind that the "unemployed in nursing" group represents a very small portion of the total, it is interesting to note the differences among graduates of the varying educational programs. For diploma graduates, "continuing education," "family responsibilities," and "have relocated" are the top three reasons for not being employed in nursing. Associate degree graduates, on the other hand, rank "family responsibilities" first (by a wide margin), followed by "continuing education" and "don't want to practice nursing"–a distant third. Finally, baccalaureate graduates placed "family responsibilities" and "don't want to practice nursing" in close first and second positions with "continuing education" in third place. (See Table 5.3.)

Over the years, there has been little change in the primary reason for not being employed in nursing. In 1980, 1982, and 1987, the most frequently cited reason for not being employed in nursing has consistently been "family responsibilities": 39 percent in 1980, 32 percent in 1982, and 30 percent in 1987. (See Table 5.4.) Interestingly, in 1982 "no jobs available" ranked second among the reasons for not being employed in nursing, suggesting that it was slightly more difficult to find a job in that year than in 1980 or 1987.

A couple of similarities did appear among those not employed in nursing. The members of this group are more likely than those who are employed in nursing to be graduates of associate degree programs and, similarly, more likely to be married with children at home, and slightly older. Also, a greater number of those employed in non-nursing jobs and not seeking nursing jobs and a greater number employed in nursing and seeking non-nursing jobs are men. (See Table 5.5.)

When put in the perspective of the entire group of newly licensed nurses, none among the groups of

people not employed in nursing exceeds 0.8 percent of the total, proving that both voluntary *and* involuntary unemployment are exceedingly low among newly licensed RNs.

Job Hunting Experiences

Prior to analyzing the experiences and characteristics of those employed in nursing, it would be useful to explore the job hunting experiences of the entire 1987 cohort. An analysis of the job hunting experiences of newly licensed nurses will provide some measure of the demand for new RNs. All respondents–whether employed in nursing or not–were asked to assess their job hunting experiences in nursing. In the aggregate, 70.4 percent of the new RNs claimed that many jobs were available. Within each group, those prepared at the BSN level were most likely to report having a wide choice (78%; diploma, 71.1%; ADN, 65.5%).

An additional 21.5 percent of all RNs stated that a fair number of jobs were available, and only 2.4 percent stated very few jobs were available. Almost 6 percent of all respondents indicated that they "can't say–no experience job hunting." These respondents include some of those who found jobs in the institutions in which they had obtained clinical experience and those who were unemployed. ADN graduates were most likely to respond this way (7.1%); with diploma (5.0%); and BSN (3.6%) following.

Those employed in nursing and those not employed in nursing had somewhat different job hunting experiences. Over two-thirds of those new RNs employed in nursing stated that there were many jobs available when they were looking, whereas less than half of those not working in nursing claimed that many jobs were available. Moreover, a greater number of those not employed in nursing (almost 30%) claimed that they had no job hunting experience, suggesting that a significant portion of unemployed RNs have not seriously looked for work.

In terms of racial/ethnic background, less than a 4 percent range separates those who were most likely to state that many jobs were available (whites, 70.6%) and those who were least likely to make that statement (American Indians, 66.2%). In general, newly licensed RNs prepared at the ADN level were least likely to claim that many jobs were available, and those at BSN (except American Indians) were most likely.

Despite perceptions regarding job availability, the demand for nurses is obviously great, since close to 80 percent of all newly licensed nurses employed in nursing found their first jobs before graduation (Figure 5.3): 88 percent of the diploma-prepared RNs found employment prior to graduation, followed by 79 percent of the BSN-prepared, and 76 percent of the ADN-prepared RNs. Diploma graduates were most likely to find jobs before graduation because they often accepted positions in the institutions in which they were educated. The fact that a large majority of associate degree and baccalaureate graduates found jobs before graduation suggests that many accept jobs in the agencies where they obtain clinical experience. Within 3 months of graduation, over 95 percent of the newly licensed nurses found jobs.

In 1980 and 1982, 74 percent of new RNs found jobs before graduation, and in 1987 the figure increased to 78 percent, suggesting that demand for new RNs continues to remain strong throughout recent years. (See Table 5.6.)

In order to assess the average length of time reported to find one's first nursing job, each response category was assigned a weight (found job before graduation = 0; 1 month or less = 0.5; 2–3 months = 2.5; etc.), and an artificial mean was calculated. Using this method, the mean number of months needed to find a first nursing job was *.4–less than 1 month.* In all cases, diploma graduates found jobs sooner than their ADN and BSN counterparts.

While the majority of new RNs found jobs before graduation, there is some variability among racial/ethnic groups: 79 percent of the whites found jobs before completing nursing school and 66 percent of the Asians stated such. (This is attributable to the fact that a larger proportion of Asians are graduates of baccalaureate programs.) Between 71 and 73 percent of blacks, Hispanics, and American Indians found jobs before graduation. Looking at the average number of months spent job hunting reveals that the average Asian spent .6 months finding his or her first job and 4 months were spent by the average white. All others needed .5 months to find their first nursing position. As a rule, regardless of race or ethnicity, diploma graduates found jobs sooner and ADNs a bit later. Nonetheless, no group exceeded one month of job hunting on the average.

Finally, a look at the regional differences indicates that new RNs in the Pacific and Mountain regions were least likely to find jobs before graduation (66% and 73%, respectively). On the other hand, the new RNs in the South Atlantic, East South Central, and West South Central (82%, 85%, and 81%, respectively) were more likely to find nursing employment before graduation. These variations suggest that the Western portion of the country may have a slightly lower demand for new RNs than elsewhere.

PROFILE OF NEW RNs EMPLOYED IN NURSING

The following section will concentrate on those new RNs who were employed in a nursing position six to nine months after obtaining their license.

Employment Setting

The overwhelming majority of the new RNs employed in nursing are working in hospitals (91.9%). (See Figure 5.4.) An additional 3 percent are employed in nursing homes, and almost 2 percent are in "other settings."

Smaller fractions are employed in physicians' offices (1.3%), public health agencies (0.75%), temporary agencies (0.5%), home health agencies (0.7%), and schools (0.2%). Despite the fact that hospital employment is the norm for all types of RNs, as a group, the associate degree graduates are more likely to be employed in nursing homes (4.4%), as compared to 1.8 percent for diploma graduates, and 0.9 percent for BSN graduates. On the other hand, the BSN group is more likely to be employed in "other settings" (2.4%) than their ADN (1.6%) and diploma (0.8%) counterparts.

There has been virtually no change in the employment settings in which newly licensed nurses practiced from 1980 through 1987: about 92 percent were employed in hospitals across all time frames. (See Table 5.7.) Moreover, a larger number of associate degree graduates continue to be employed in nursing homes than the others.

Of those employed in hospitals, the majority (96.3%) hold general duty or staff positions. (See Figure 5.5.) Just 5 percent of the ADN-prepared RNs are head nurses in hospitals–a greater proportion than among BSN- or diploma-prepared RNs. On the other hand, the majority (53%) of new RNs employed in nursing homes are head/assistant head nurses. Moreover, of the 1,074 individuals employed in nursing homes, 81 percent are prepared at the ADN level.

Whereas Asians are slightly more likely (93.3%) to work in hospitals than their white or other minority counterparts, American Indians are least likely to be employed in hospitals (85%) and more likely to work in nursing homes (4.0%) or community/public health (5.0%).

The Activity Status of Newly Licensed Nurses Employed in Nursing

As a group, almost 84 percent of all new RNs are employed full-time, and 13 percent are considered

part-time and work 20 or more hours per week. The remaining 3 percent work less than 20 hours per week. Baccalaureate graduates are most likely to work full-time (91%), while ADN graduates have the lowest full-time activity level (79%). Even among the "single with no children" group, ADN graduates have the lowest full-time activity level (86.5%). (See Table 5.8.)

Within all time frames between 1980 and 1987, associate degree RNs were more likely to work part-time than their BSN or diploma counterparts. (See Figure 5.6.) However, members of the 1987 cohort were more likely to be part-timers, which may possibly be attributed to the increased number of married and older new RNs.

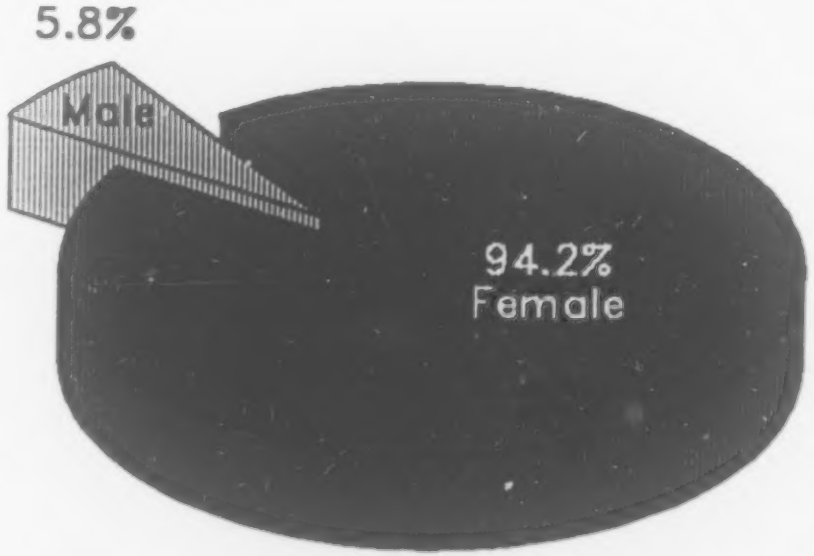
The greatest shift toward part-time employment occurred among diploma graduates: over 5 percent shifted between 1982 and 1987. Associate degree graduates are even more likely to be part-timers among the contemporary cohort than in previous years: 21.5 percent in 1987 as compared to 18 percent in 1982. On the other hand, a very small change in the percentage of part-timers has occurred among BSN graduates.

The mean age of part-timers employed less than 20 hours per week is 29.9. For those employed part-time 20 hours or more per week, the figure is 31.4, and the mean age for full-timers is 28.3.

There is quite a bit of variation among ethnic/minority groups in terms of activity status. Blacks are most likely to work full-time and Asians least likely: almost 93 percent of blacks are employed full-time, whereas only 80 percent of Asians are full-timers. The percentage of American Indians employed as full-timers was 87 percent; Hispanics, 84.5 percent; and whites 83.5 percent.

Close to 31,000 newly licensed RNs are employed full-time, and 93 percent of them are employed in

Figure 4.3.
SEX OF NEWLY LICENSED NURSES



hospitals. (See Table 5.9.) On the other hand, a smaller percentage of those part-timers working 20 hours or less per week are working in hospitals (79%). This suggests that employment settings other than hospitals may be more suitable to the part-timer. (See Figure 5.7.) For example, 53 percent of those working for temporary agencies are working part-time (combining both categories), and 34 percent of those working in the home health industry are part-timers. The activity levels of those working in other ambulatory settings, such as school nurses and those in physicians' offices, are also more likely to be part-time than their hospital counterparts.

Salaries of Newly Licensed Nurses

On a whole, BSN graduates have somewhat more earning power than associate degree- or diploma-prepared new RNs. Full-time BSNs earn an average of $23,161–close to $1,000 more than the $22,201 for associate degree full-timers, and almost $800 more than the $22,383 for diploma full-timers. (See Table 5.10.) However, in some regions there is no salary differential for the baccalaureate-prepared newly licensed RN working full-time. In fact, their salaries are lower than the others in New England, East and West South Central, and Pacific regions.

Generally speaking, the highest full-time salaries are found in the Pacific, New England, and Middle Atlantic regions, and the lowest in the West North Central region. (See Figure 5.8.) At the state level, Connecticut and California offer the highest full-time salaries. (See Table 5.11 for ranking of full-time salaries.)

The median salary for newly licensed nurses increased from $14,100 to $21,530 between 1980 and 1987. (See Table 5.12.) During both years, the Pacific region reported the highest median salary. In short, average salaries increased $7,430 (or 53%) over the seven-year period. During the same time, the Consumer Price Index (CPI) grew 33 percent, suggesting that first-

time nursing salaries have kept up and have significantly improved in relation to the CPI.

An examination of mean salaries among ethnic and racial minorities suggests that no significant differences exist between minorities and whites. In fact, aside from American Indians, whites make a bit less than the others–$1,560 less than blacks, $1,270 less than Hispanics, and $1,000 less than Asians.

As a rule, cities (i.e., metropolitan statistical areas, or MSAs) offer higher salaries than rural areas (non-MSAs): mean salary in an MSA is $22,158; in a non-MSA, the figure is $19,388. However, there are smaller differences in salaries among the racial/ethnic groups in non-MSAs. For example, only $876 separates the highest (black) and lowest (white) salaries in non-MSAs, while $1,837 separates the highest (black) and lowest (American Indian) salaries in MSAs. Regardless of region, American Indians earn the lowest salaries of all groups. Their highest salaries are in the Middle Atlantic ($22,517) and Pacific ($22,830) regions.

An examination of activity level reveals that, in the aggregate, salaries for part-time employees show BSN graduates earning more than their ADN and diploma counterparts. The part-time BSN earns $16,956; while the ADN graduate earns $15,623; and diploma, $15,171. (See Table 5.13.)

Similarly, many differences surface when examining salary by employment setting. (See Figure 5.9.) Newly licensed RNs employed by temporary agencies report the highest mean salary–$24,658. The mean salary at hospitals for new RNs is $21,717, while the average salary for those employed in nursing homes is under $19,000. Mean salaries for school nurses and those working in physicians' offices are lower, $14,815 and $16,651 respectively. However, this is due to the fact that a larger proportion of these individuals are employed part-time and that in these settings full-time status reflects a shorter work week than in others.

TABLE 5.4. Main Reason Not Employed in Nursing: 1980, 1982, 1987*

	1980	1982	1987
No Jobs	2.4%	16.7%	3.1%
Job available, not what I wanted	9.4	8.8	9.4
Continuing education	19.8	14.2	22.5
Family responsibilities	38.9	32.5	29.6
Relocated	13.2	16.1	10.1
Other	16.3	16.6	8.7
*Don't want nursing (only asked in '87)	NA	NA	16.6
TOTAL	100.0	100.0	100.0

TABLE 5.1.
Employment Status of Newly Licensed Nurses By Program Type

	TOTAL		EMPLOYMENT STATUS: EMPLOYED IN NURSING							
			Subtotal		Not Seeking Other Job		Seeking Other Nursing Job		Seeking A Non-Nursing Job	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**38,060**	**100.0**	**37,063**	**97.4**	**27,240**	**71.6**	**8,947**	**23.5**	**876**	**2.3**
PROGRAM TYPE:										
Diploma	4,786	100.0	4,703	98.3	3,447	72.0	1,177	24.6	79	1.7
Associate Degree	20,365	100.0	19,772	97.1	14,749	72.4	4,625	22.7	398	2.0
Baccalaureate	12,909	100.0	12,588	97.5	9,044	70.1	3,145	24.4	399	3.1

	EMPLOYMENT STATUS: NOT EMPLOYED IN NURSING							
	Subtotal		Not Employed In Nsg—Seeking A Nsg Job		Not Employed In Nsg—Not Seeking Nsg Job		Not Employed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**997**	**2.6**	**123**	**.3**	**180**	**.5**	**694**	**1.8**
PROGRAM TYPE:								
Diploma	83	1.7	11	.2	9	.2	63	1.3
Associate Degree	593	2.9	76	.4	88	.4	429	2.1
Baccalaureate	321	2.5	36	.3	83	.6	202	1.6

TABLE 5.2. Employment Status of Newly Licensed Nurses
By Type of Educational Program: 1980, 1982, 1987

	Employed in Nursing			Not Employed in Nursing		
	1980	1982	1987	1980	1982	1987
TOTAL	**95.4**	**96.1**	**97.4**	**4.6**	**3.9**	**2.6**
Baccalaureate	95.9	96.7	97.5	4.1	3.3	2.5
Associate Degree	94.5	95.1	97.1	5.5	4.9	2.9
Diploma	96.4	97.7	98.3	3.6	2.3	1.7

TABLE 5.3.
Main Reason Why Not Employed in Nursing By Program Type*

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**982**	**100.0**	**79**	**100.0**	**590**	**100.0**	**313**	**100.0**
WHY NOT EMPLOYED IN NURSING:								
No Jobs	30	3.1	1	1.3	18	3.1	11	3.5
Jobs Not What Wanted	92	9.4	6	7.6	57	9.7	29	9.3
Continuing Education	220	22.4	23	29.1	135	22.9	62	19.8
Family Responsibilities	289	29.4	22	27.8	194	32.9	73	23.3
Have Relocated	102	10.4	14	17.7	52	8.8	36	11.5
Don't Want to Practice Nsg	164	16.7	9	11.4	87	14.7	68	21.7
Other	85	8.7	4	5.1	47	8.0	34	10.9

*Asked only of those not employed in nursing

TABLE 5.5.
Employment Status of Newly Licensed Nurses By Sex

	TOTAL		EMPLOYMENT: EMPLOYED IN NURSING							
			Subtotal		Not Seeking Other Job		Seeking Other Nursing Job		Seeking A Non-Nursing Job	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**37,598**	**100.0**	**36,606**	**100.0**	**26,903**	**100.0**	**8,837**	**100.0**	**866**	**100.0**
SEX:										
Female	35,419	94.2	34,489	94.2	25,532	94.9	8,220	93.0	737	85.1
Male	2,179	5.8	2,117	5.8	1,371	5.1	617	7.0	129	14.9

	EMPLOYMENT: NOT EMPLOYED IN NURSING							
	Subtotal		Not Employed In Nsg—Seeking A Nsg Job		Not Employed In Nsg—Not Seeking Nsg Job		Not Employed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**992**	**100.0**	**123**	**100.0**	**179**	**100.0**	**690**	**100.0**
SEX:								
Female	930	93.8	112	91.1	149	83.2	669	97.0
Male	62	6.3	11	8.9	30	16.8	21	3.0

TABLE 5.6. Length of Time to Find First Nursing Job By Program Type: 1980, 1982, 1987

	1980	1982	1987
Found Job Before Graduation			
TOTAL	**73.6**	**73.4**	**78.3**
Baccalaureate	71.7	70.9	78.9
Associate Degree	72.7	71.9	75.6
Diploma	85.7	83.6	88.3
Found Job 1 or Less Month			
TOTAL	**15.1**	**13.9**	**14.1**
Baccalaureate	16.9	15.5	13.7
Associate Degree	15.3	14.4	16.0
Diploma	8.7	8.8	7.8
Found Job 2–3 Months			
TOTAL	**7.9**	**8.7**	**4.7**
Baccalaureate	8.4	9.8	4.8
Associate Degree	8.5	9.0	5.3
Diploma	4.4	5.3	2.5
Found Job 4 or More Months			
TOTAL	**3.4**	**4.0**	**3.0**
Baccalaureate	3.0	3.8	2.7
Associate Degree	3.0	4.7	3.3
Diploma	1.3	2.3	1.4

TABLE 5.7. Employment Setting of Employed Newly Licensed Nurses By Program Type: 1980, 1982, 1987

	1980	1982	1987
TOTAL			
Hospital	**92.2**	**92.5**	**91.9**
Nursing Home	**2.5**	**2.5**	**2.9**
Physicians' Office	**1.2**	**1.1**	**1.3**
Public Health	**1.4**	**1.1**	**0.8**
Other	**2.7**	**2.8**	**3.1**
Baccalaureate			
Hospital	91.6	92.7	93.9
Nursing Home	1.4	1.6	0.9
Physicians' Office	0.8	0.7	1.0
Public Health	2.1	1.3	0.9
Other	4.1	3.7	3.3
Associate Degree			
Hospital	91.1	91.2	89.8
Nursing Home	3.6	3.6	4.4
Physicians' Office	1.6	1.4	1.6
Public Health	1.2	1.2	0.7
Other	2.5	2.6	3.5
Diploma			
Hospital	95.8	96.5	95.3
Nursing Home	1.4	1.2	1.8
Physicians' Office	1.0	0.8	1.0
Public Health	0.5	0.6	0.3
Other	1.3	0.9	1.6

TABLE 5.8. Activity Status of Newly Licensed Nurses by Marital Status, Presence of Children and Program Type

	TOTAL		ACTIVITY STATUS			
			Full-Time		Part-Time	
	Number	Percent	Number	Percent	Number	Percent
GRAND TOTAL	**36,297**	**100.0**	**30,400**	**83.8**	**5,897**	**16.2**
MARITAL STATUS:						
Married W. Child	10,282	100.0	7,195	70.0	3,087	30.0
Married No Child	7,357	100.0	6,329	86.0	1,028	14.0
Not Married W. Child	3,065	100.0	2,669	87.1	396	12.9
Single No Child	15,593	100.0	14,207	91.1	1,386	8.9
PROGRAM TYPE:						
DIPLOMA						
Subtotal	4,614	100.0	3,980	86.3	634	13.7
Marital Status:						
Married W. Child	842	100.0	630	74.8	212	25.2
Married No Child	898	100.0	784	87.3	114	12.7
Not Married W. Child	231	100.0	203	87.9	28	12.1
Single No Child	2,643	100.0	2,363	89.4	280	10.6
ASSOCIATE DEGREE						
Subtotal	19,298	100.0	15,159	78.6	4,139	21.4
Marital Status:						
Married W. Child	7,821	100.0	5,349	68.4	2,472	31.6
Married No Child	3,656	100.0	3,039	83.1	617	16.9
Not Married W. Child	2,393	100.0	2,078	86.8	315	13.2
Single No Child	5,428	100.0	4,693	86.5	735	13.5
BACCALAUREATE						
Subtotal	12,385	100.0	11,261	90.9	1,124	9.1
Marital Status:						
Married W. Child	1,619	100.0	1,216	75.1	403	24.9
Married No Child	2,803	100.0	2,506	89.4	297	10.6
Not Married W. Child	441	100.0	388	88.0	53	12.0
Single No Child	7,522	100.0	7,151	95.1	371	4.9

TABLE 5.9.
Activity Status of Newly Licensed Nurses By Employment Setting

	TOTAL		ACTIVITY STATUS					
			Full-Time		Part-Time < 20 Hrs		Part-Time 20 + Hrs	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**36,935**	**100.0**	**30,950**	**83.8**	**1,139**	**3.1**	**4,846**	**13.1**
EMPLOYMENT SETTING								
Hospital	33,942	100.0	28,695	84.5	896	2.6	4,351	12.8
Nursing Home	1,073	100.0	831	77.4	65	6.1	177	16.5
Comm-Public Health Agcy	277	100.0	219	79.1	26	9.4	32	11.6
School Nurse	62	100.0	39	62.9	11	17.7	12	19.4
Physician	489	100.0	341	69.7	52	10.6	96	19.6
Temporary Agency	193	100.0	90	46.6	28	14.5	75	38.9
Home Health Agency	253	100.0	166	65.6	36	14.2	51	20.2
Other	646	100.0	569	88.1	25	3.9	52	8.0

TABLE 5.10.
Mean Full-Time Salaries of Newly Licensed Nurses
By Region and State of Employment, Activity Status, and Program Type

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
TOTAL ANNUAL EARNINGS:	**22,582**	**4,173**	**22,383**	**3,983**	**22,201**	**4,364**	**23,161**	**3,902**
NEW ENGLAND								
REGION TOTAL	24,675	4,144	25,256	4,160	24,029	4,224	24,957	4,014
Connecticut	27,190	4,327	27,079	4,151	27,146	3,950	27,294	4,676
Maine	19,625	2,270	20,099	2,315	19,300	2,386	19,840	2,134
Massachusetts	24,921	3,510	24,650	3,303	24,440	3,743	25,377	3,332
New Hampshire	21,640	3,195	21,800	589	21,058	3,977	22,342	2,202
Rhode Island	22,865	3,093	22,482	5,731	23,108	3,255	22,760	2,109
Vermont	21,375	3,128	23,189	1,681	20,662	3,537	22,009	2,581
MIDDLE ATLANTIC								
REGION TOTAL	24,139	4,277	23,119	4,039	23,586	4,298	25,321	4,117
New Jersey	24,911	3,417	24,842	3,363	24,759	3,733	25,150	3,056
New York	24,700	4,836	23,019	4,652	23,656	4,717	26,371	4,526
Pennsylvania	23,366	3,873	22,612	3,947	22,948	3,704	24,360	3,734

(Continued)

TABLE 5.10.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
EAST NORTH CENTRAL								
REGION TOTAL	22,127	3,509	21,947	3,632	21,704	3,672	22,723	3,148
Illinois	21,559	3,577	20,707	3,521	20,958	3,933	22,584	2,877
Indiana	21,274	2,985	20,142	3,345	21,199	3,014	21,723	2,728
Michigan	23,038	3,350	23,612	3,492	22,801	3,659	23,247	2,784
Ohio	22,761	3,585	22,699	3,431	22,076	3,641	23,675	3,433
Wisconsin	20,769	3,050	20,248	3,207	20,516	3,089	21,071	2,969
WEST NORTH CENTRAL								
REGION TOTAL	20,255	3,546	19,836	3,301	19,771	3,830	21,119	3,136
Iowa	19,085	3,286	18,897	3,091	18,519	3,456	20,412	2,716
Kansas	20,098	3,766	19,201	4,045	19,477	3,873	20,987	3,409
Minnesota	21,684	3,470	21,441	4,257	20,848	3,757	22,574	2,759
Missouri	20,801	3,308	20,612	2,833	20,655	3,852	21,168	2,943
Nebraska	18,968	3,143	18,434	2,890	20,132	3,773	18,944	2,867
North Dakota	18,912	3,686	19,047	4,004	18,437	3,801	19,239	3,433
South Dakota	18,740	3,021	18,761	3,639	17,953	2,840	20,169	2,605

(Continued)

TABLE 5.10.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
SOUTH ATLANTIC								
REGION TOTAL	22,050	3,665	21,766	3,218	21,747	3,968	22,570	3,200
Delaware	24,943	3,566	23,944	3,020	24,728	3,949	25,400	3,221
District of Columbia	24,888	3,259	25,250	354	25,428	3,994	24,681	2,951
Florida	21,518	3,810	21,875	4,285	21,470	3,925	21,595	3,439
Georgia	22,919	3,841	23,663	3,239	22,623	4,020	23,248	3,614
Maryland	23,098	3,411	21,729	2,594	23,370	3,974	23,163	2,929
North Carolina	21,831	3,229	22,185	2,703	21,494	3,638	22,229	2,616
South Carolina	21,335	2,901	19,826	3,044	21,349	3,065	21,461	2,584
Virginia	21,132	3,351	20,702	3,088	20,562	3,840	21,907	2,708
West Virginia	20,098	3,464	21,001	2,372	19,853	3,692	20,781	2,578
EAST SOUTH CENTRAL								
REGION TOTAL	20,806	3,297	21,639	2,861	20,457	3,500	21,164	2,968
Alabama	20,365	3,158	21,486	2,903	19,772	3,246	20,890	2,948
Kentucky	20,592	2,814	20,738	2,990	20,332	2,962	21,173	2,337
Mississippi	20,984	4,111	23,133	3,443	20,618	4,477	21,450	3,509
Tennessee	21,184	3,231	21,747	2,830	20,956	3,461	21,261	2,975

(Continued)

TABLE 5.10.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
WEST SOUTH CENTRAL								
REGION TOTAL	22,161	3,955	23,450	3,632	21,977	4,122	22,260	3,715
Arkansas	19,833	3,031	21,800	1,789	19,406	3,184	20,489	2,640
Louisiana	23,981	4,184	24,121	3,348	23,755	4,788	24,107	3,937
Oklahoma	21,375	3,347	22,327	5,763	21,496	3,294	21,176	3,392
Texas	22,287	3,918	22,861	3,890	22,312	4,113	22,190	3,591
MOUNTAIN								
REGION TOTAL	21,248	3,810	20,316	2,934	20,956	3,977	21,852	3,461
Arizona	22,447	4,176	20,921	2,906	22,487	4,514	22,480	3,560
Colorado	21,301	3,399	20,385	3,356	21,145	3,767	21,588	2,922
Idaho	19,712	3,240	19,350	1,909	19,757	3,456	19,560	2,382
Montana	19,722	2,727	18,000		18,930	2,728	20,639	2,496
Nevada	23,241	4,139	19,000		22,146	3,248	26,057	4,772
New Mexico	20,760	3,460			20,337	3,456	22,151	3,131
Utah	19,811	3,497			19,186	3,385	20,922	3,446
Wyoming	20,658	3,483	20,000		20,618	3,486	20,889	3,866
PACIFIC								
REGION TOTAL	24,818	5,108	26,036	4,762	25,037	5,225	24,283	4,858
Alaska	24,832	3,532			24,632	1,953	24,966	4,346
California	26,276	5,140	26,518	4,711	26,489	5,133	25,767	5,186
Hawaii	21,331	3,776	21,149	1,618	22,203	4,389	20,748	3,621
Oregon	21,762	3,841	21,200	3,020	21,355	4,018	22,558	3,386
Washington	22,077	3,485	22,920		22,256	3,747	21,823	3,085

TABLE 5.11. Mean Full-Time Salaries of Newly Licensed Nurses by State of Employment

	TOTAL	
	Mean Salary	Standard Deviation
TOTAL	**22,581**	**4,171**
STATE:		
Connecticut	27,190	4,328
California	26,274	5,139
Delaware	24,943	3,566
Massachusetts	24,921	3,510
New Jersey	24,910	3,415
District of Columbia	24,881	3,252
Alaska	24,832	3,532
New York	24,699	4,835
Louisiana	23,981	4,184
Pennsylvania	23,364	3,872
Nevada	23,241	4,139
Maryland	23,107	3,415
Michigan	23,040	3,348
Georgia	22,920	3,839
Rhode Island	22,865	3,093
Ohio	22,759	3,585
Arizona	22,447	4,176
Texas	22,287	3,918
Washington	22,077	3,485
North Carolina	21,826	3,230
Oregon	21,762	3,841
Minnesota	21,684	3,470
New Hampshire	21,640	3,195
Illinois	21,560	3,576
Florida	21,522	3,808
Oklahoma	21,375	3,347
Vermont	21,375	3,128
South Carolina	21,335	2,901
Hawaii	21,331	3,776
Colorado	21,296	3,394
Indiana	21,272	2,983
Tennessee	21,184	3,229

(Continued)

TABLE 5.11.
(Continued)

	TOTAL	
	Mean Salary	Standard Deviation
Virginia	21,128	3,350
Mississippi	20,984	4,111
Missouri	20,801	3,308
Wisconsin	20,769	3,050
New Mexico	20,760	3,460
Wyoming	20,658	3,483
Kentucky	20,603	2,821
Alabama	20,365	3,158
West Virginia	20,098	3,464
Kansas	20,091	3,762
Arkansas	19,852	3,042
Utah	19,829	3,492
Montana	19,722	2,727
Idaho	19,712	3,240
Maine	19,614	2,266
Iowa	19,085	3,286
Nebraska	18,968	3,143
North Dakota	18,912	3,686
South Dakota	18,740	3,021

TABLE 5.12. Median Salary of Newly Licensed Nurses by Census Region: 1980, 1987

	1980	1987
U.S. TOTAL	**$14,100**	**$21,530**
Census Region:		
New England	$13,660	$23,071
Middle Atlantic	14,150	22,998
East North Central	14,640	20,836
West North Central	13,980	18,819
South Atlantic	13,490	21,460
East South Central	13,540	20,365
West South Central	14,030	21,705
Mountain	13,380	20,095
Pacific	15,360	23,140

TABLE 5.13.
Mean Part-Time Salaries of Newly Licensed Nurses
By Region and State of Employment, Activity Status, and Program Type

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
TOTAL ANNUAL EARNINGS:	**15,832**	**6,189**	**15,171**	**5,705**	**15,623**	**6,197**	**16,956**	**6,286**
NEW ENGLAND								
REGION TOTAL	17,074	5,787	17,494	5,318	17,118	5,681	16,587	6,529
Connecticut	18,636	7,202	16,199	4,426	21,336	6,181	15,306	8,957
Maine	13,481	3,514	11,250	5,303	13,195	3,373	14,426	3,625
Massachusetts	17,880	5,502	18,533	5,205	17,788	5,441	17,666	6,188
New Hampshire	13,577	3,255	16,000		15,319	1,655	10,623	3,074
Rhode Island	16,164	5,287	16,500	10,642	15,407	5,044	20,152	2,970
Vermont	13,253	4,050			12,993	3,975	16,500	4,950
MIDDLE ATLANTIC								
REGION TOTAL	15,320	6,161	14,937	6,072	15,080	6,101	16,920	6,363
New Jersey	16,513	5,220	16,602	5,462	16,251	5,169	18,539	5,245
New York	14,885	5,984	13,951	5,233	14,795	6,014	15,845	6,187
Pennsylvania	15,333	6,804	14,936	6,571	14,812	6,788	18,006	6,797

(Continued)

TABLE 5.13.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
EAST NORTH CENTRAL								
REGION TOTAL	14,947	5,471	15,311	5,498	14,584	5,470	16,336	5,230
Illinois	14,481	6,634	15,849	4,810	14,039	7,078	15,952	4,705
Indiana	14,885	5,282	14,350	6,213	14,550	5,078	16,678	4,981
Michigan	14,926	5,155	17,860	6,068	14,659	4,952	15,640	5,844
Ohio	14,901	5,169	14,732	5,353	14,649	4,969	16,122	5,615
Wisconsin	15,864	4,496	16,167	6,322	15,321	4,127	17,219	4,711
WEST NORTH CENTRAL								
REGION TOTAL	14,020	5,616	13,341	5,040	13,549	5,929	15,948	4,872
Iowa	12,004	7,174	12,136	4,992	11,876	8,101	12,513	5,593
Kansas	11,627	4,653	16,000	2,828	11,144	4,443	12,395	5,219
Minnesota	16,288	4,523	14,728	4,371	15,733	4,600	17,460	4,202
Missouri	14,499	4,921	14,541	5,227	14,009	4,667	15,809	4,971
Nebraska	11,978	3,613	11,395	3,731	12,936	3,179	16,000	
North Dakota	13,737	4,640	14,530	5,987	12,571	3,758	14,642	3,122
South Dakota	12,872	4,441	13,932	5,041	11,956	4,027	14,840	4,990

(Continued)

TABLE 5.13.
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
SOUTH ATLANTIC								
REGION TOTAL	15,292	5,785	16,539	5,318	14,989	5,811	15,996	5,793
Delaware	15,776	5,787	14,000		14,228	5,043	22,326	4,699
District of Columbia	19,996	6,260			21,632	5,757	15,633	6,380
Florida	15,468	5,151	19,475	5,652	15,617	5,185	13,985	4,657
Georgia	17,307	5,883	20,829	6,348	17,062	5,945	16,533	5,423
Maryland	15,222	5,364	14,029	5,608	14,260	4,848	19,717	5,360
North Carolina	14,874	6,097	19,675	6,848	14,170	6,239	15,563	5,038
South Carolina	13,816	5,043	16,324	1,245	14,308	5,120	8,368	1,675
Virginia	14,394	5,800	13,518	3,291	14,328	6,139	15,048	6,185
West Virginia	13,212	7,530	17,000	2,646	12,532	8,008	15,350	6,576
EAST SOUTH CENTRAL								
REGION TOTAL	13,721	5,270	16,544	4,264	13,583	5,237	12,507	5,517
Alabama	12,591	5,129	15,500	4,950	12,952	5,763	11,729	4,007
Kentucky	14,233	5,388	15,500	707	13,953	5,603	17,585	3,416
Mississippi	13,118	6,491			13,489	6,545	11,930	6,908
Tennessee	14,403	4,759	16,865	4,656	13,764	3,985	13,113	7,952

(Continued)

TABLE 5.13:
(Continued)

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
WEST SOUTH CENTRAL								
REGION TOTAL	15,694	6,130	14,242	5,588	15,289	6,082	17,199	6,229
Arkansas	12,924	5,867			13,034	6,303	12,267	2,411
Louisiana	17,626	5,079	24,000		19,714	3,946	15,717	5,096
Oklahoma	14,384	5,417			14,100	5,208	18,500	9,192
Texas	16,215	6,345	11,803	1,398	15,790	6,247	18,254	6,630
MOUNTAIN								
REGION TOTAL	14,306	4,923	13,000	5,657	14,097	4,897	15,010	5,008
Arizona	16,363	5,455	13,000	5,657	16,312	5,795	17,726	3,714
Colorado	15,416	4,886			14,959	4,780	16,824	5,133
Idaho	12,717	4,279			12,632	4,360	13,180	4,244
Montana	14,314	4,239			14,178	3,060	14,374	4,749
Nevada	15,798	5,408			15,109	5,250	22,000	
New Mexico	15,058	4,687			14,808	4,618	17,000	5,477
Utah	11,767	4,200			11,736	4,421	11,908	3,267
Wyoming	11,230	4,147			11,466	1,152	10,835	7,560
PACIFIC								
REGION TOTAL	18,974	6,950	20,347	8,497	18,833	6,777	19,292	7,339
Alaska	21,221	4,054			18,843	2,633	22,806	4,229
California	20,362	7,007	24,100	6,657	20,468	6,631	19,918	7,825
Hawaii	16,329	5,111			15,800	5,119	17,650	6,859
Oregon	15,363	6,672	6,960		15,568	6,762	14,762	6,199
Washington	16,180	5,264	12,300	3,559	15,823	5,468	17,851	4,103

Figure 5.1.
EMPLOYMENT STATUS OF NEWLY LICENSED NURSES

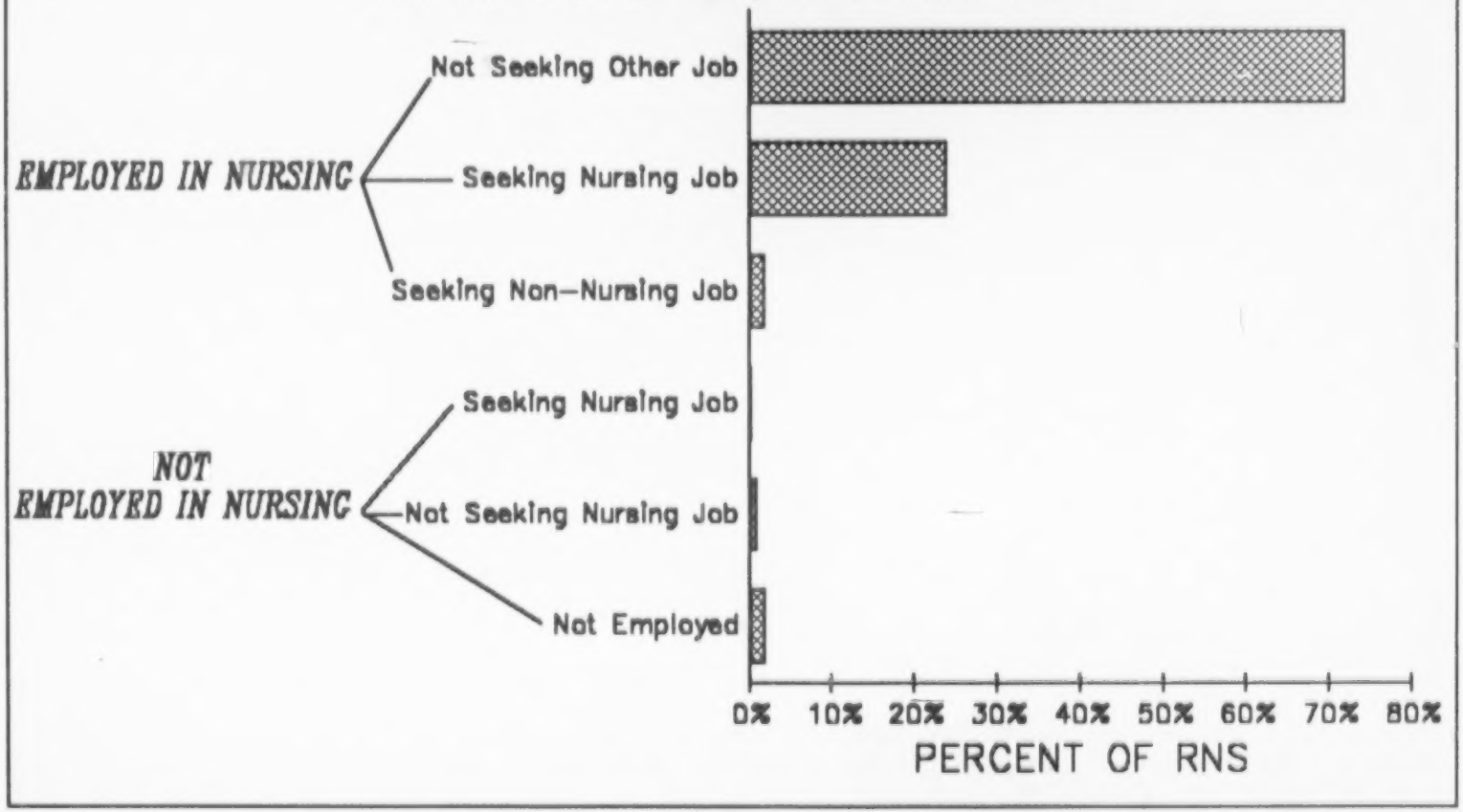
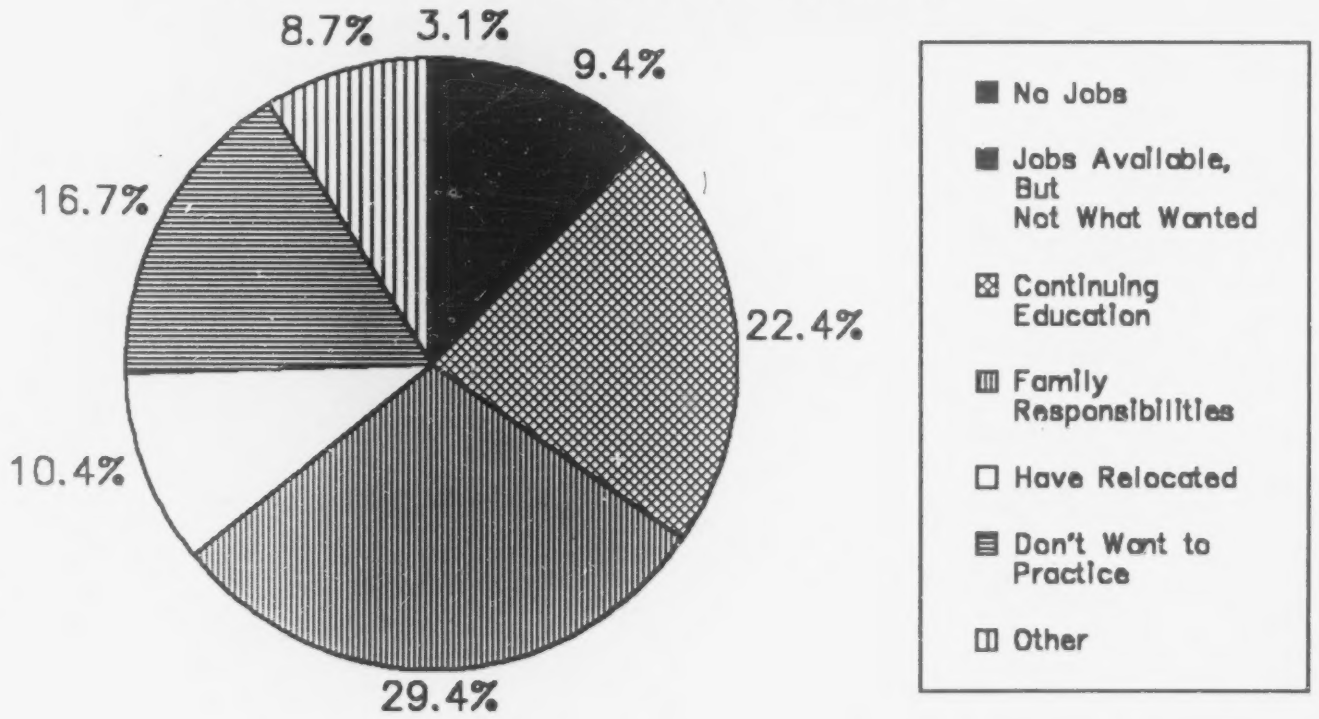


Figure 5.2.
MAIN REASON WHY NOT EMPLOYED IN NURSING



* Asked only of those not employed in nursing (N=982)

Figure 5.3.
LENGTH OF TIME TO FIND FIRST NURSING JOB BY PROGRAM TYPE

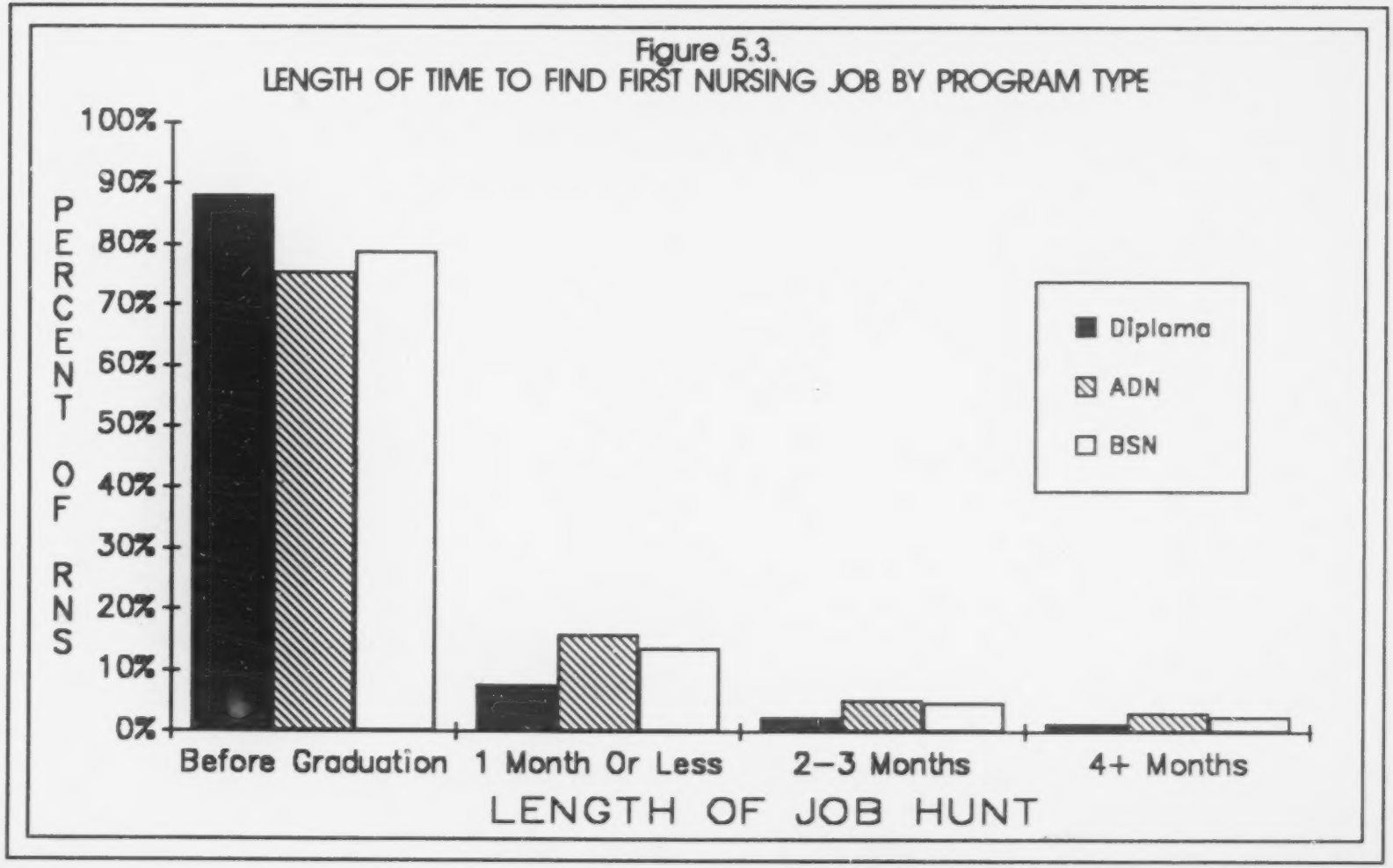


Figure 5.4.
EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES

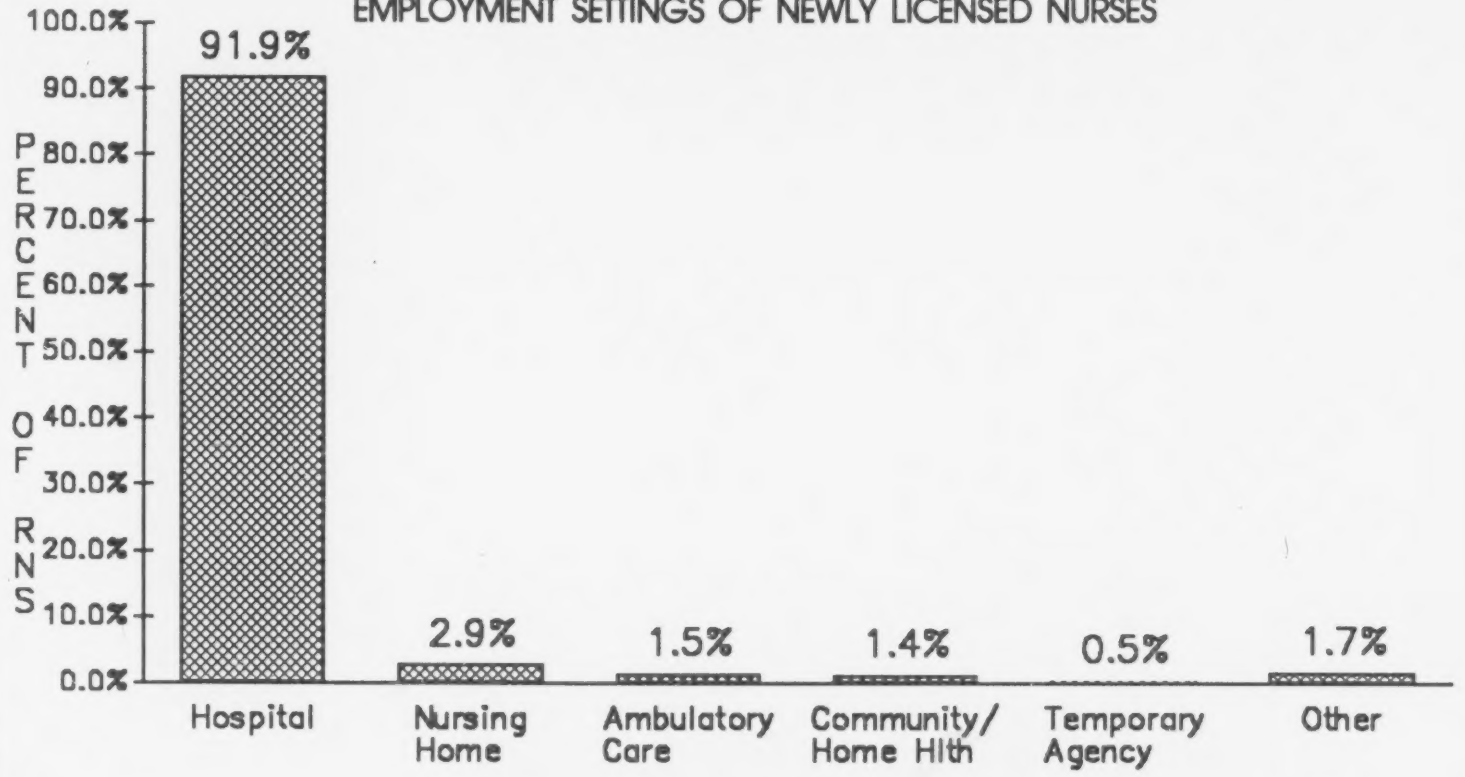


Figure 5.5.
POSITIONS HELD BY NEWLY LICENSED NURSES BY EMPLOYMENT SETTING

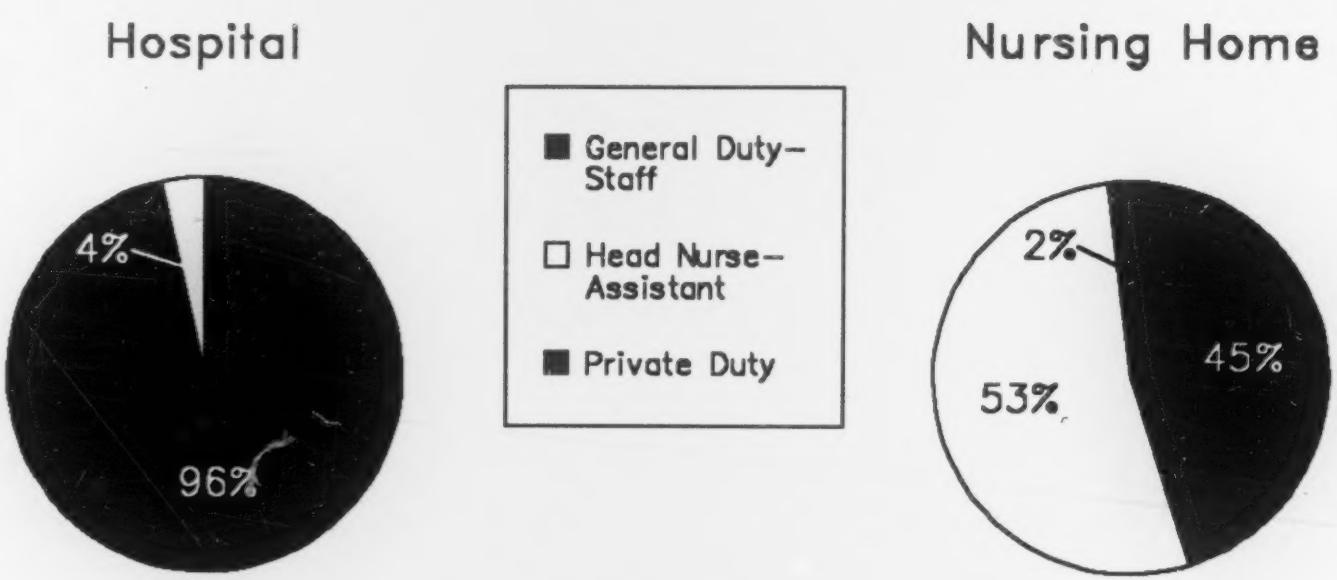


Figure 5.6.
PART-TIME EMPLOYMENT AMONG NEWLY LICENSED NURSES BY PROGRAM TYPE:
1980, 1982, & 1987

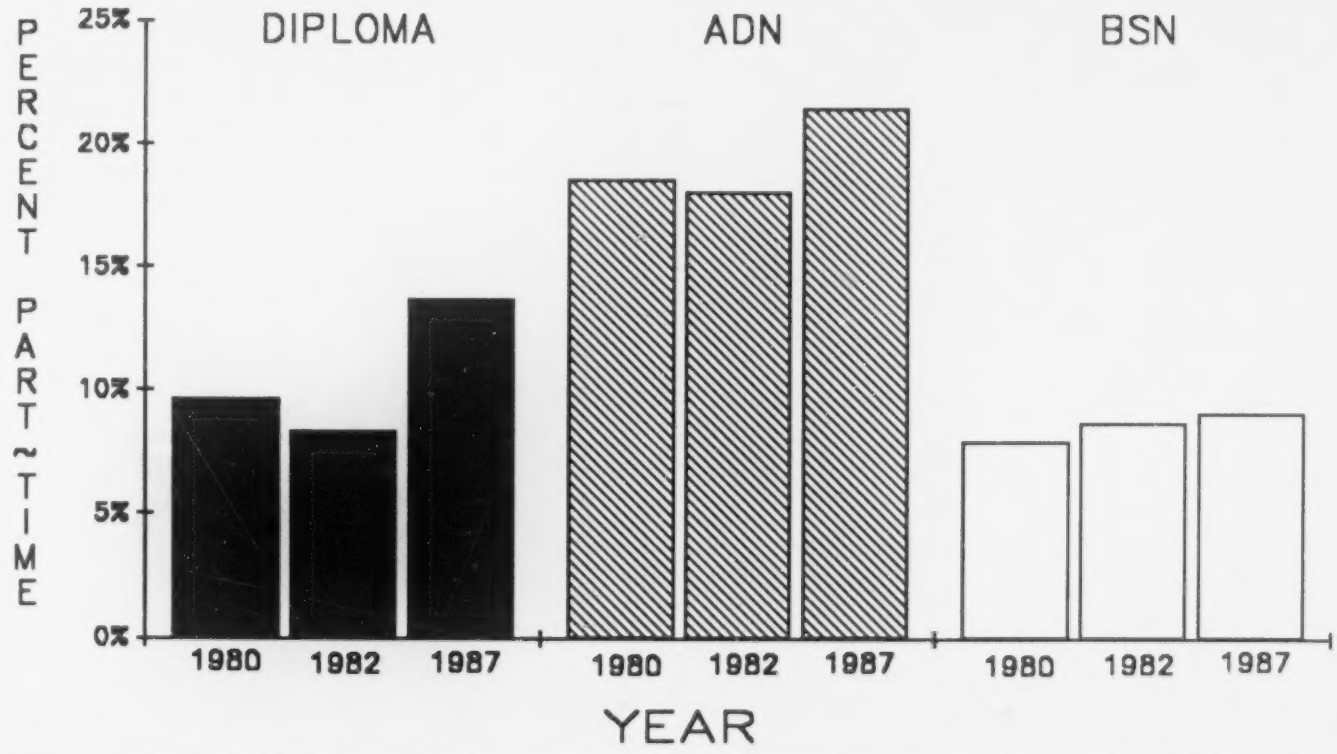
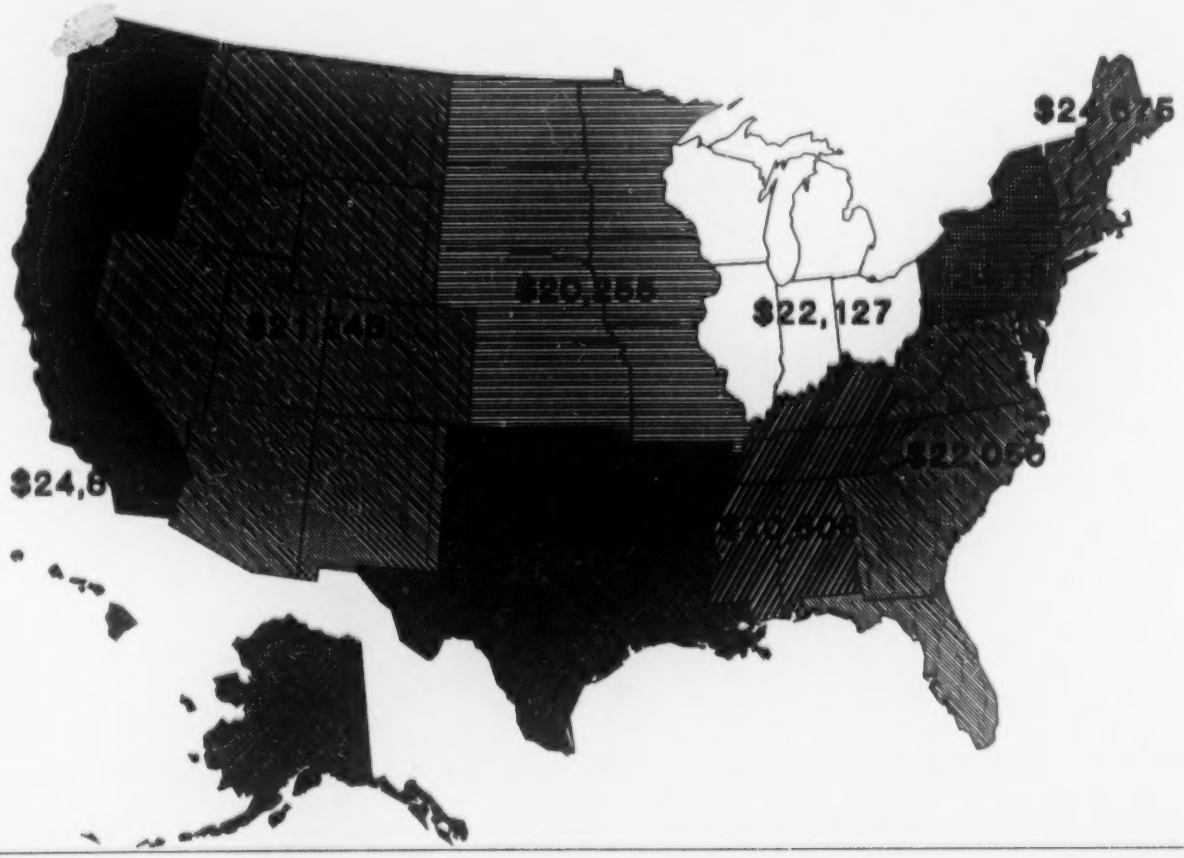


Figure 5.7.
ACTIVITY STATUS OF NEWLY LICENSED NURSES BY EMPLOYMENT SETTING

Figure 5.8.
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY REGION



6

HOW ARE THE NEW GRADUATES DOING IN THE WORKPLACE?

PERCEPTIONS OF EDUCATIONAL PREPARATION AND JOB SATISFACTION

Emotions run high among new graduates when asked to evaluate the adequacy of their educational preparation and their job satisfaction. Most of the letters accompanying questionnaires focused upon one or both of these topics and were invariably passionate. Interestingly, though not surprisingly, the anger that nurses felt toward current working conditions has often led to resentment against schools for failing to prepare them adequately. As one new RN from Pennsylvania stated: "I feel my clinical experiences in school are nowhere close to those I am experiencing now."

There are so many non-nursing duties assigned to the RN plus her patient care, and I feel this may be very discouraging to the present RNs and those who may consider entering nursing. . . Giving safe and adequate nursing care is my goal—not running blood to a lab or taking a urine specimen to a lab. (Arizona)

By the same token, a certain loyalty toward one's educational preparation develops as new RNs make the transition from their student status to the professional nursing role. Consider the following quotations:

"I cannot imagine how any nurse without a minimum of a BS can perform safely and competently in any technically demanding patient care setting." (Connecticut)

"I chose a diploma school of nursing as opposed to a BS course because I wanted as much hospital exposure as possible . . . I feel I gained more knowledge and confidence than ever possible in a BS program." (Arizona)

While cognizant of the ramifications of posing subjective questions on this type of survey, the newly licensed nurses were asked to evaluate the adequacy of their educational preparation and the degree of satisfaction they felt toward their current job. Thus, these sources of qualitative information are the first steps toward understanding some complex attitudes and opinions. In fact, these data may raise as many questions as they answer, but they remain vital indicators of the perceptions of our new nurses. These data permit nursing educators and administrators to take stock of their positions.

Adequacy of Nursing Education

One could argue that the greatest responsibility of nurse educators is to prepare their students to perform effectively and professionally in the workplace. Few other professions have the immense obligations of teaching students how to handle complex clinical problems, sensitive family interactions, and deep emotional traumas. At the same time, it is essential that nurses be prepared to manage health crises that may mean the difference between life and death. A graduate's success in the workplace is predicated upon sound, up-to-date, and realistic educational preparation. The word realistic is specifically used because, according to the letters received, many new graduates expressed dismay that their education did not prepare them for what they found in the workplace.

Newly licensed nurses employed in nursing positions were asked to assess the adequacy of their clinical and classroom nursing education for their current job. Overall, 92 percent stated that their classroom ex-

periences were adequate. Almost 97 percent of the diploma graduates responded this way, followed by 91 percent of ADN and BSN graduates. (See Figure 6.1.)

Unfortunately, new RNs did not respond as favorably in terms of clinical preparation–only 74 percent stated that their clinical experiences were adequate. There are significant differences among the program types: 95 percent of diploma graduates claimed their clinical education was adequate, whereas 74 percent of the ADN graduates and 67 percent of those prepared at the BSN level felt this way.

Many justifications may be offered to explain these differences. Many BSN students are prepared for a wide range of clinical settings, particularly public and community health. Unwarned of the realities of the hospital setting, many BSN nurses are surprised when they enter their first professional experience. This may result in dissatisfaction with their education. Furthermore, despite their lengthy education, there is little evidence that, at least in the early stages of their career, their earning power and authority are any greater than their ADN or diploma counterparts.

One disgruntled individual from Illinois wrote: "Nursing education is lacking in both classroom and clinical. More learning is needed in Pharmacology and Pathophysiology with clinical emphasis in specialty areas." Another, signed "Bitter," said: "Do you think I (wanted) to take courses in *Trends* and Florence Nightingale? Hell no . . . what an outrage to spend all that time and money on many worthless, time-consuming courses like that." It is evident that for some, the value and significance of nonclinical nursing courses were not clearly articulated or demonstrated.

There is little variation among racial/ethnic groups in terms of adequacy of classroom experiences. Only a 7 percent range differentiates the highest and lowest: 94 percent of American Indians responded

that classroom preparation was adequate and 87.3 percent of the Asians responded this way. There is greater variation in the area of clinical experiences among racial/ethnic groups: 80 percent of blacks responded that they were clinically prepared, whereas only 69 percent of the American Indians responded as such. Except among associate degree graduates, American Indians were least likely among the minority groups to respond that their clinical experiences were adequate. In fact, a *majority* (54.5%) of the American Indians prepared at the BSN level stated that their clinical education was inadequate for their current employment. (See Table 6.1.)

More variation exists when adequacy of clinical preparation is broken down by employment setting. School nurses are most likely to state that they were clinically prepared (81%), while home health nurses are least likely to feel that their clinical experiences were adequate (70%). (See Figure 6.2.)

As a group, those employed in home health care are least likely to feel that their nursing education prepared them adequately for their jobs. This may have serious implications since the home health area is expected to expand in the future and, hence, increase the demand for RNs to deliver care in the home. On the other hand, those employed in nursing homes are almost as likely as school nurses to state that their nursing education adequately prepared them for their current employment. This may be related to the lower acuity level of patients in nursing homes as compared with patients in hospitals or elsewhere. Unfortunately, the numbers of new RNs employed in settings other than hospitals or nursing homes is quite small. Nonetheless, there are clear signposts that certain incongruities exist between the experiences in nursing education and on-the-job situations. Even among those employed in hospitals, where, one could argue, a greater proportion of nursing school experiences took place, there exists a great deal of perceived inadequacy regarding clinical preparation.

Indeed, once these perceptions concerning nursing education are known and understood, it behooves nursing educators to reevaluate the clinical portions of their curricula. It is critical that students are provided a better "fit" between their school experiences and "real world" experiences. As an outcome measure of adequate nursing preparation, these data suggest that, for some schools, serious efforts must be made to enhance their students' confidence, knowledge, and abilities in the clinical setting.

Job Satisfaction

Job satisfaction is a complex phenomenon to measure. Numerous sociological, psychological, and economic studies have been conducted to identify the determinants of job satisfaction and to curtail the negative consequences associated with dissatisfaction, such as absenteeism, high turnover, employee sabotage, etc. It is not the intention of this study to provide a comprehensive overview of job satisfaction of newly licensed nurses. To meet that objective, a wide range of serious methodological issues would have to be explored. However, two questions were included on the survey to elicit responses regarding the levels of satisfaction among newly licensed nurses and, when it occurs, the main source of dissatisfaction.

As explained in the previous section, these data cannot provide enough information to solve the nursing crises at any institution. However, they do offer enough to "whet the appetite" of those who might undertake more rigorous study of the issue. More specifically, the varying empirical responses suggest that, for example, some settings make for more satisfied RNs than others. Perhaps a lesson may be learned from one delivery system to another.

In addition to the empirical data, many respondents wrote letters about their jobs–the working conditions, the salaries, the shifts, and schedules. In short, no other topic received as much attention from respondents as this critical issue of job satisfaction.

Almost two-thirds (64%) of the employed newly licensed nurses responded "yes" to the following question: "In general, are you satisfied with your current employment situation?" (See Figure 6.3.) Diploma graduates are slightly more satisfied (65.4%) than BSN (64.5%) and ADN (63.6%) graduates.

Naturally there is considerable variability among employment settings in terms of job satisfaction. Proportionately, school nurses have the highest rate of satisfaction (79%) and those employed in nursing homes have the lowest (62%). Thirty-six percent of the new RNs employed in hospitals are unsatisfied, which ranks them toward the bottom of the scale. (See Figure 6.4.) Activity status does not appear to influence the proportion of satisfied and dissatisfied new RNs; part-timers and full-timers are equally satisfied with their current positions. (See Table 6.2.)

The primary source of dissatisfaction cited most frequently was inadequate salary (32.4%), while poor working conditions were cited by almost 18 percent. The smallest number (4.1%) responded that underutilization of skills was the main source of dissatisfaction. No significant program type differences were apparent. (See Figure 6.5.)

You don't pay me enough—and I work too hard. (Pennsylvania)

Looking at the largest employer of nurses–the hospital setting–inadequate salary was followed by poor working conditions (18%), being understaffed/overworked (14%), and having unsatisfying staff relations (9.7%). New RNs employed in nursing homes, the second largest employer of nurses, were as dissatisfied with salaries as those in hospitals. The second most frequent source of dissatisfaction for those in nursing homes, however, was skills underutilized (21%), followed by poor working conditions (12%), and unsatisfying staff relations (11%). (See Table 6.3.)

When actual salaries are examined, however, pay does not necessarily affect dissatisfaction. Regardless of activity status, the newly licensed nurses who claim

job dissatisfaction earn almost the same amount as their "satisfied" counterparts. (See Table 6.4.)

While inadequate salary garnered the greatest number of responses, few wrote about it. In regard to salary, one new RN from Virginia wrote: "(My) friend, (who) barely finished high school, works in an office (where) (no one will live or die if she makes a mistake) and makes approximately $24,000 per year, plus excellent benefits and even has some control over her own life. This sort of stuff discourages me with nursing."

Most letters, however, referred to the dangerous working conditions new RNs must face. "The staffing at the local hospitals are unsafe. I am afraid that I may lose my license one day because of the conditions we nurses work under." (Rhode Island)

"The understaffing (no nurse's aide or ward clerk and sometimes both) makes giving good nursing care very difficult. You pray that no emergency occurs on those nights . . . I love nursing, but to work under these conditions for the rest of my working life is ridiculous." (Texas)

One nurse praised the Baylor plan at her Michigan hospital. "We have a new program . . . where a nurse can work two 12 hour shifts on the weekend every weekend throughout the year. She works 24 hours a week with Monday through Friday off, full-time benefits, Dental and Medical, and a 3-week paid vacation . . . I left my previous job for this one. We also have (nurses) from Mayo Clinic and Cleveland here for this program. I feel for a single parent, it's perfect."

On the other hand, an RN with two children in Wisconsin complains that she must work a shift rotation: "With the shortage as severe as it is, I wish a compromise could be made so I could be a nurse and have a family too. My priorities are my children, and I may have to give up my career or part of it."

Many letters voiced resentment of hospital employment in general: "There is nothing wrong with nursing. It is a wonderful and fulfilling profession. It is the hospitals themselves that are causing nurses to seek other professions or go elsewhere to work in nursing." (Florida)

Our clients—the consumers—deserve better. After all, they pay our salaries. (Massachusetts)

Finally, one Californian concluded: "Hospitals need to realize that nurses are a finite resource of human capital and need to be nurtured and handled with the concern they show their financial bottom line. No nurses–no hospital–no profit. Too few nurses ➡ lawsuits for inadequate care ➡ no profit. Wake up and smell the Lysol."

Figure 5.9.
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY EMPLOYMENT SETTING

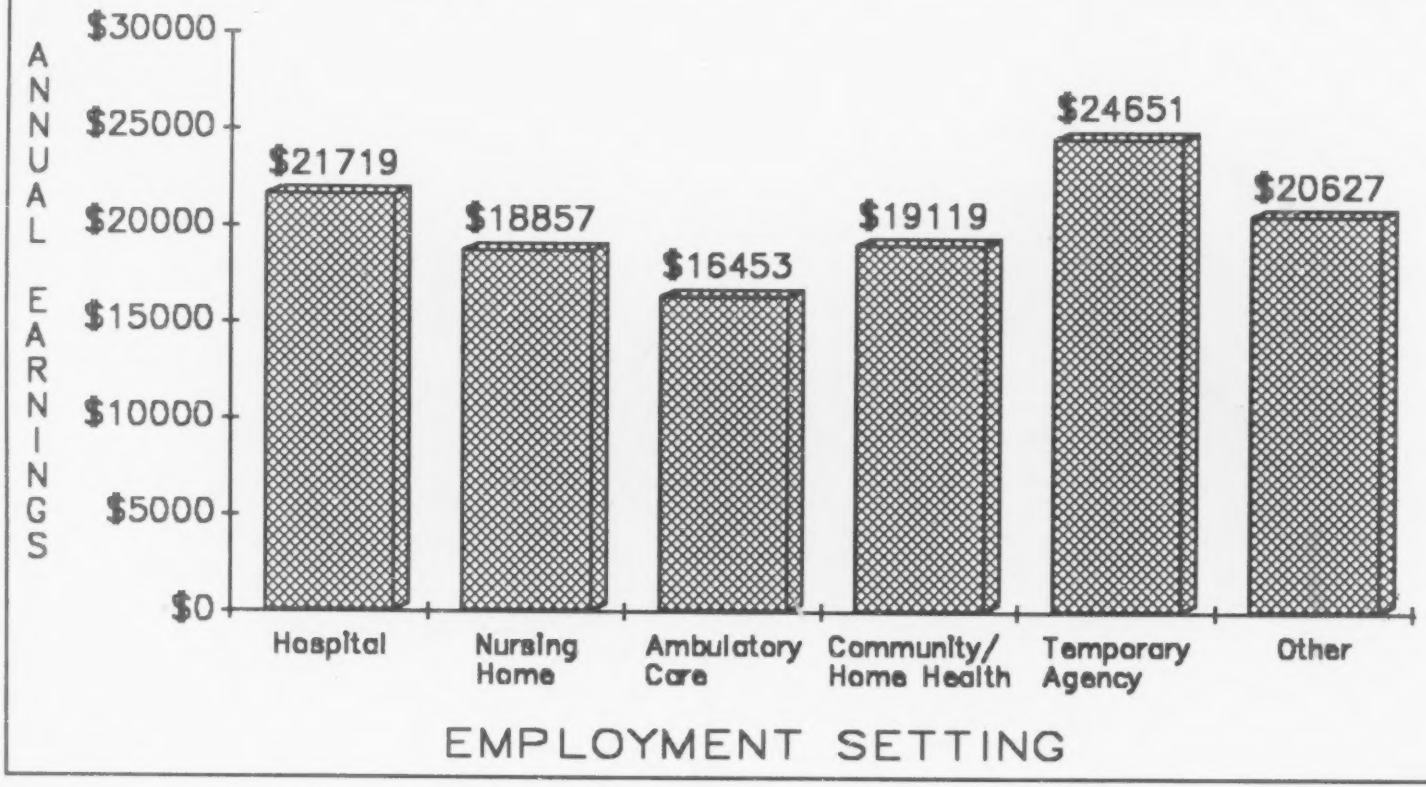


TABLE 6.1.
Racial/Ethnic Background of Newly Licensed Nurses By Adequacy of Nursing Education and Program Type

	TOTAL		RACIAL/ETHNIC BACKGROUND									
			White		Black		Hispanic		Asian		American Indian	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**34,873**	**100.0**	**32,075**	**100.0**	**1,496**	**100.0**	**681**	**100.0**	**505**	**100.0**	**116**	**100.0**
CLASSROOM EXPERIENCES:												
Adequate	32,066	92.0	29,514	92.0	1,384	92.5	618	90.7	441	87.3	109	94.0
Not Adequate	2,807	8.0	2,561	8.0	112	7.5	63	9.3	64	12.7	7	6.0
CLINICAL EXPERIENCES:												
Adequate	25,897	74.3	23,742	74.0	1,200	80.2	507	74.4	368	72.9	80	69.0
Not Adequate	8,976	25.7	8,333	26.0	296	19.8	174	25.6	137	27.1	36	31.0
PROGRAM TYPE												
DIPLOMA												
SUBTOTAL	4,478	100.0	4,271	100.0	115	100.0	43	100.0	43	100.0	6	100.0
CLASSROOM EXPERIENCES:												
Adequate	4,331	96.7	4,135	96.8	111	96.5	42	97.7	38	88.4	5	83.3
Not Adequate	147	3.3	136	3.2	4	3.5	1	2.3	5	11.6	1	16.7
CLINICAL EXPERIENCES:												
Adequate	4,257	95.1	4,064	95.2	106	92.2	43	100.0	39	90.7	5	83.3
Not Adequate	221	4.9	207	4.8	9	7.8			4	9.3	1	16.7
ASSOCIATE DEGREE												
SUBTOTAL	18,478	100.0	16,827	100.0	878	100.0	440	100.0	256	100.0	77	100.0
CLASSROOM EXPERIENCES:												
Adequate	16,869	91.3	15,353	91.2	823	93.7	396	90.0	222	86.7	75	97.4
Not Adequate	1,609	8.7	1,474	8.8	55	6.3	44	10.0	34	13.3	2	2.6
CLINICAL EXPERIENCES:												
Adequate	13,607	73.6	12,284	73.0	730	83.1	336	76.4	197	77.0	60	77.9
Not Adequate	4,871	26.4	4,543	27.0	148	16.9	104	23.6	59	23.0	17	22.1

(Continued)

TABLE 6.1.
(Continued)

	TOTAL		RACIAL/ETHNIC BACKGROUND									
			White		Black		Hispanic		Asian		American Indian	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
BACCALAUREATE												
SUBTOTAL	11,917	100.0	10,977	100.0	503	100.0	198	100.0	206	100.0	33	100.0
CLASSROOM EXPERIENCES:												
Adequate	10,866	91.2	10,026	91.3	450	89.5	180	90.9	181	87.9	29	87.9
Not Adequate	1,051	8.8	951	8.7	53	10.5	18	9.1	25	12.1	4	12.1
CLINICAL EXPERIENCES:												
Adequate	8,033	67.4	7,394	67.4	364	72.4	128	64.6	132	64.1	15	45.5
Not Adequate	3,884	32.6	3,583	32.6	139	27.6	70	35.4	74	35.9	18	54.5

TABLE 6.2.
Employment Satisfaction of Newly Licensed Nurses By Activity Status

	TOTAL		ACTIVITY STATUS					
			Full-Time		Part-Time < 20 Hrs		Part-Time 20 + Hrs	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**100.0**	**37,013**	**100.0**	**31,012**	**100.0**	**1,140**	**100.0**	**4,861**
SATISFACTION WITH EMPLOYMENT:								
Is Satisfied	64.1	23,729	64.1	19,890	62.6	714	64.3	3,125
Is Not Satisfied	35.9	13,284	35.9	11,122	37.4	426	35.7	1,736

TABLE 6.3.
Main Source of Dissatisfaction with Employment by Employment Setting*

	TOTAL		EMPLOYMENT SETTING							
			Hospital		Nursing Home		Comm-Public Health Agency		School Nurse	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**13,285**	**100.0**	**12,282**	**100.0**	**408**	**100.0**	**79**	**100.0**	**13**	**100.0**
SOURCE OF DISSATISFACTION:										
Inadequate Salary	4,304	32.4	3,926	32.0	135	33.1	43	54.4	6	46.2
Poor Staff Relations	1,280	9.6	1,194	9.7	45	11.0	5	6.3		
Skills Underutilized	549	4.1	370	3.0	86	21.1	9	11.4	2	15.4
Poor Work Conditions	2,319	17.5	2,228	18.1	48	11.8	8	10.1		
Dislike Hours	632	4.8	593	4.8	14	3.4	2	2.5		
Understaffed/Overworked	1,760	13.2	1,726	14.1	13	3.2				
Multiple Responses	1,687	12.7	1,576	12.8	43	10.5	5	6.3	2	15.4
Other	754	5.7	669	5.4	24	5.9	7	8.9	3	23.1

(Continued)	EMPLOYMENT SETTING							
	Physician		Temporary Agency		Home Health Agency		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**153**	**100.0**	**62**	**100.0**	**94**	**100.0**	**161**	**100.0**
SOURCE OF DISSATISFACTION:								
Inadequate Salary	74	48.4	13	21.0	36	38.3	61	37.9
Poor Staff Relations	9	5.9	6	9.7	7	7.4	13	8.1
Skills Underutilized	40	26.1	4	6.5	16	17.0	20	12.4
Poor Work Conditions	3	2.0	12	19.4			17	10.6
Dislike Hours	2	1.3	3	4.8	7	7.4	8	5.0
Understaffed/Overworked	1	.7	4	6.5	3	3.2	8	5.0
Multiple Responses	14	9.2	12	19.4	3	3.2	25	15.5
Other	10	6.5	8	12.9	22	23.4	9	5.6

*Asked only of those "not satisfied" with employment

TABLE 6.4.
Mean Salaries of Newly Licensed Nurses by General Satisfaction with Employment and Activity Status

	TOTAL		ACTIVITY STATUS					
			Full-Time		Part-Time < 20 Hrs		Part-Time 20 + Hrs	
	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation	Mean Salary	Standard Deviation
TOTAL	**21,520**	**5,172**	**22,574**	**4,184**	**11,374**	**6,089**	**16,820**	**5,755**
SATISFACTION WITH EMPLOYMENT:								
Is Satisfied	21,711	5,227	22,795	4,213	11,029	5,775	16,883	5,768
Is Not Satisfied	21,180	5,054	22,177	4,102	11,944	6,543	16,707	5,731

Figure 6.1.
ADEQUACY OF NURSING EDUCATION OF NEWLY LICENSED NURSES BY PROGRAM TYPE

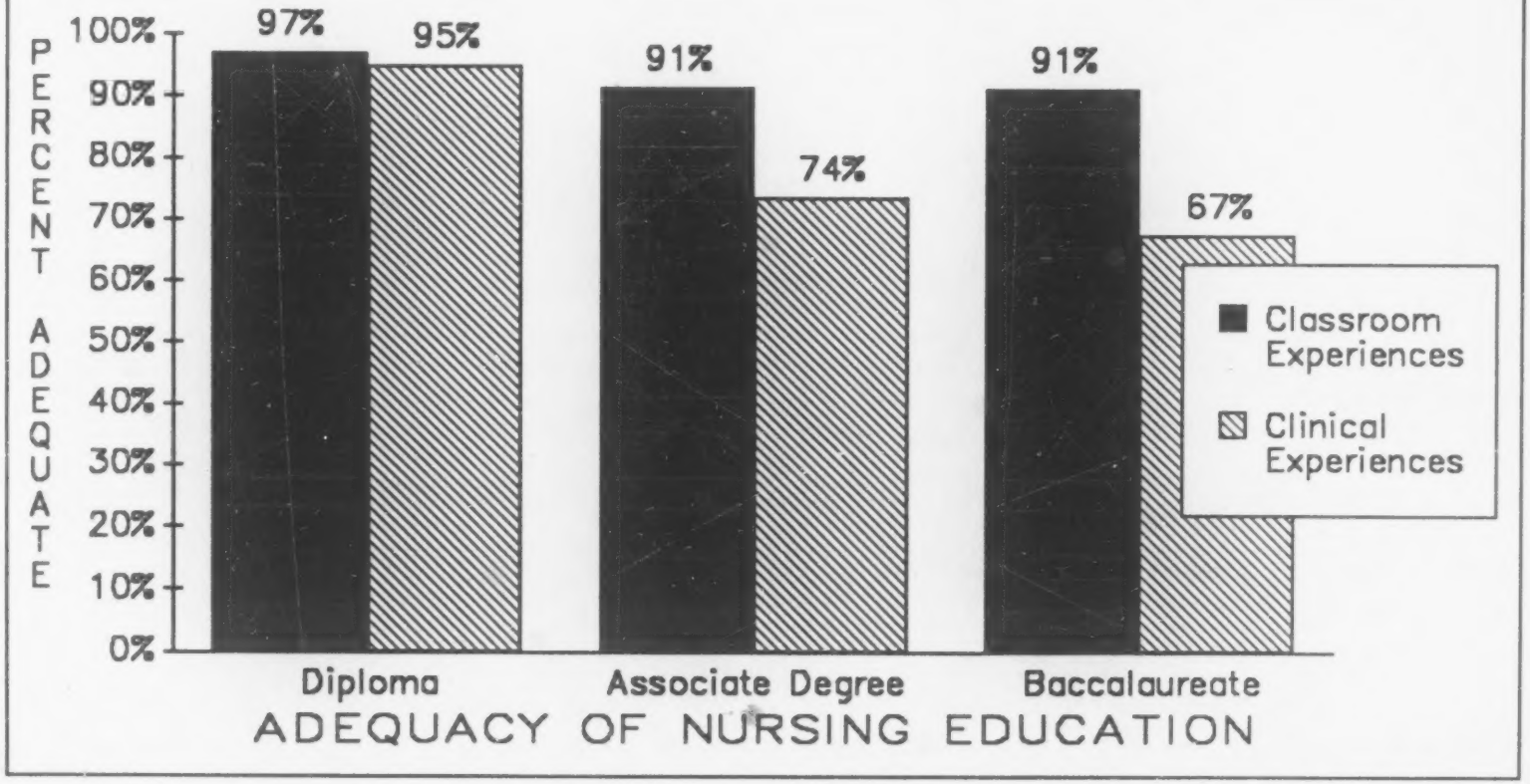


Figure 6.2.
ADEQUACY OF CLINICAL EDUCATION OF NEWLY LICENSED NURSES BY EMPLOYMENT SETTING

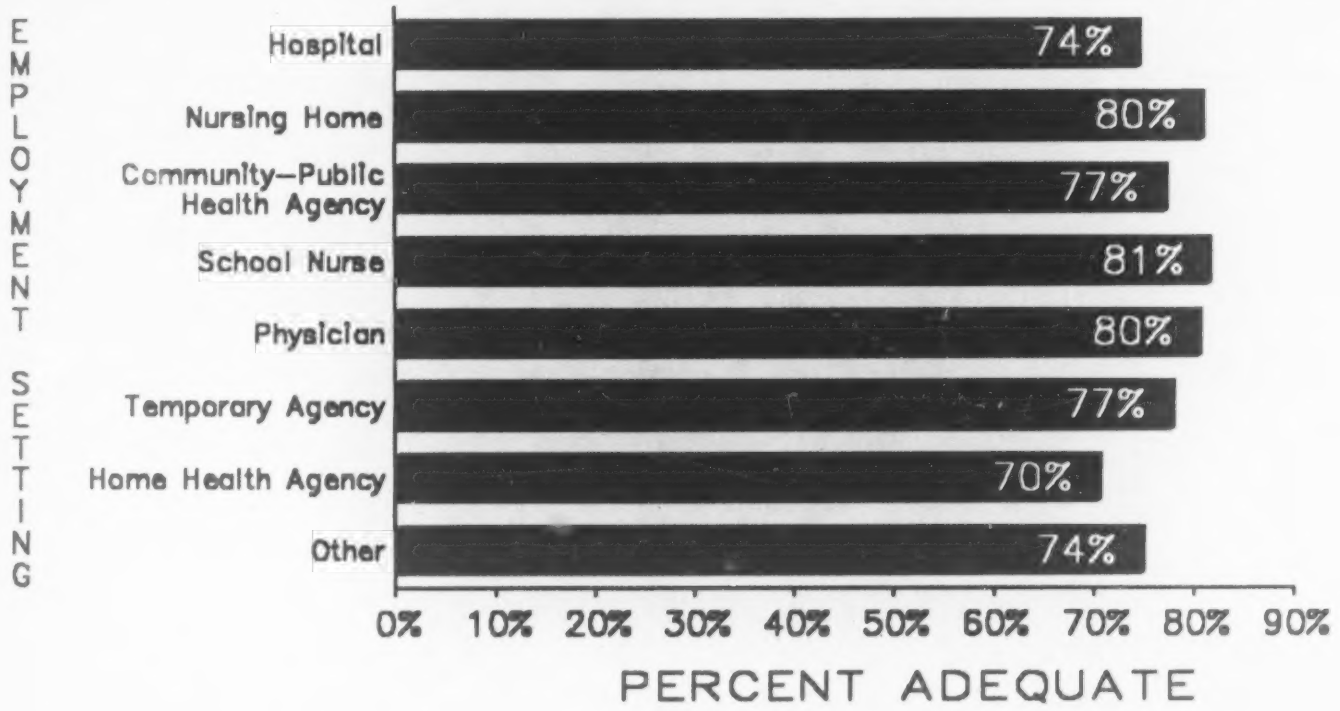
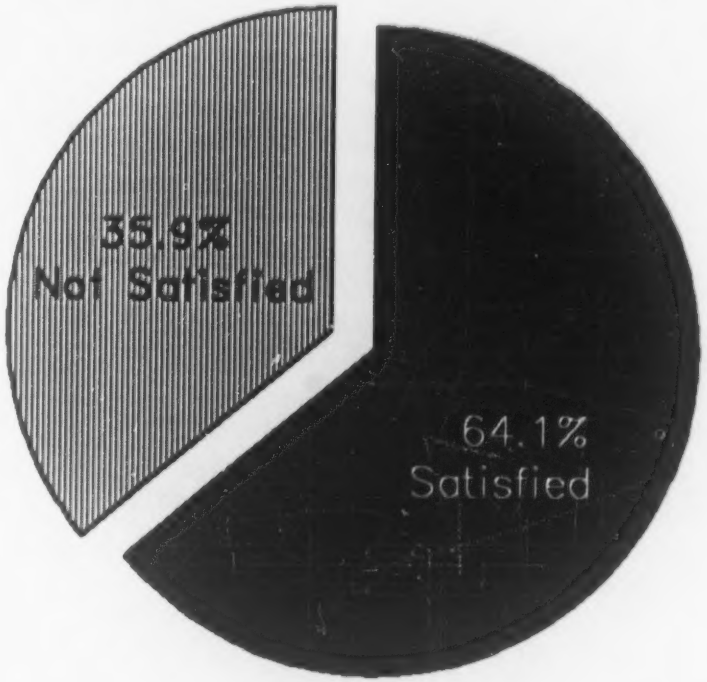


Figure 6.3.
JOB SATISFACTION OF NEWLY LICENSED NURSES FROM ALL PROGRAM TYPES



7

MOVERS AND STAYERS: GEOGRAPHIC MOBILITY AMONG NEW RNs

The geographic mobility of new RNs is an important and often neglected variable for understanding the probability of recruiting individuals (whether for education or employment) to different areas throughout the country. The issue may be reduced to a single question: In terms of labor markets, is nursing limited to local markets or available to national markets? The answer to this depends on the individual nurse. Variables such as educational preparation and racial/ethnic background are important indicators of who is likely to move and who is more apt to stay.

To assess the degree of mobility, newly licensed nurses were asked to identify the location of (1) their residence immediately before attending nursing school, (2) their residence immediately after attending nursing school, and (3) their employment. Two other geographic variables were examined–location of school and current residence. These were distilled from information received from the National Council of State Boards of Nursing (NCSBN). Each of these variables was coded with the proper FIPs state and county codes, and a metropolitan statistical area (MSA) code. A series of cross-tabulations were undertaken to identify the patterns of mobility of new RNs from the time of their initial attendance in nursing

Although I went to school in California, I moved to New York immediately after taking my boards. . . .It makes me sick to think that my fellow classmates are earning $13–15 an hour in California, while I earn $9.55. It would be easier to accept if the salary was commensurate with the cost of living here, but it's not. (New York)

school until the time of employment. In each case, geographic mobility was measured by comparing the county, metropolitan statistical area, and state from one time frame to another. (In the New England region, New England Metropolitan Areas (NEMAs) were used instead of MSAs.)

The first time frame examines the mobility between residence immediately before nursing school and location of nursing school. Almost 62 percent of all new RNs attended a nursing school in the same county or city, (i.e., MSA) in which they originally lived. Baccalaureate RNs are most likely to travel to attend nursing school–over 14 percent left the state in which they lived, and over 32 percent moved within the same state but out of their MSA for their education. (See Table 7.1.) On the other hand, associate degree graduates are most stable, with nearly 60 percent remaining in their original county and an additional 10 percent remaining within the same metropolitan area.

The greater geographic mobility of those seeking baccalaureate education may be attributed to the smaller number and urban concentration of BSN programs nationally. For example, for those who are interested in BSN education yet reside in a state with few such programs (e.g., Alaska, New Mexico, Vermont), geographic movement is necessary. Associate degree programs, on the other hand, are plentiful and distributed in smaller, rural communities as well as in urban areas. (See Table 3.1 in Ch. 3.)

The second comparison is between location of school and current residence (i.e., residence 6–9 months after attending nursing school). In this case, 62 percent of new RNs took up residence in the area of their school after graduation. (See Table 7.2.) Almost 52 percent of the BSN graduates remain in the location (i.e., same county or MSA) of their school, suggesting that some of those who left prior homes to attend nursing school have not returned to them.

However, when we analyze the residence before attending nursing school and current residence, we find that a total of 29,087 individuals currently live in the same county in which they resided prior to nursing school. This represents 79.1 percent of the total 36,766 on which we have data for original home and current home. In terms of the different program types, 83 percent of the ADN graduates currently live exactly (i.e., the same county) where they lived before attending nursing school, while 81 percent of the diploma-prepared, and 72 percent of the BSN-prepared RNs fit this description. One may conclude, therefore, that while many BSN graduates move out of their county to attend nursing school, a substantial proportion return to their original county or MSA afterwards. (See Table 7.3.)

In order to test the hypothesis that individuals (particularly BSN-prepared RNs) move to study nursing but then return to their original residence, a series of crosstabs were undertaken *controlling* for those whose current residence is identical to their residence prior to nursing school. Note that this table *only* represents individuals who ultimately reside at the location of their residence prior to nursing school. Thus, all 54.9 percent that stayed in the same county probably did not leave this location at any point. On the other hand, a full 45 percent *did* leave that location in the interim to attend school. Baccalaureate nurses were most likely to move for schooling (59.6%), followed by diploma (43%), and ADN nurses (37.6%). (See Table 7.4.)

A comparison of the location of current residence and location of employment offers an indicator of the commuting distances of new RNs. Almost 77 percent work and live in the same county or MSA, i.e., they commute to or within an MSA. New RNs prepared at the BSN level seem to travel further distances from home to work–12 percent travel to another state (probably a New York/New Jersey or Washington, DC/Maryland type of commute). (See Table 7.5.)

In summary, in all time frames new nurses at the BSN level of preparation appear to be most mobile. In the case of ADN and diploma graduates, there is greater stability. In the final analysis, however, as a group new RNs are primarily a local market resource.

Among the different ethnic and racial groups, American Indians are most likely to move to attend nursing schools and Hispanics are least likely to do so: over 67 percent of Hispanics attend nursing schools in their original county, whereas only 47 percent of American Indians do. This may be explained by the greater concentration of Hispanics in large cities and the more rural residence of American Indians. (See Table 7.6.) Blacks and Asians are not as mobile as their white and American Indian counterparts. In fact, in all geographic mobility comparisons, American Indians are most likely to move.

An examination of residence before and after attending nursing school indicates that blacks and Hispanics (91% each) are most likely to currently reside in the same location as their original homes. On the other hand, Asians are the least likely. (85%–See Table 7.7.) This suggests that many of those who may have travelled to attend nursing school returned to their prior residence after completing their education.

In terms of commuting distances, American Indians are least likely to live and work in the same county/MSA. Indeed, 7.4 percent of them travel to another state to work. Least likely to travel for work are Hispanics and blacks. (See Table 7.8.) Again, this is probably due to the concentration of these minority groups in urban areas.

TABLE 7.1. Mobility Between Residence Prior to Nursing School and Nursing School by State of Residence Prior to Nursing School and Program Type

ALL PROGRAMS

	TOTAL		DEGREE OF MOBILITY					
			Stayed in County/MSA		Moved Within State		Moved Out of State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	36,417	100.0	22,479	61.7	10,613	29.1	3,325	9.1
Alabama	739	100.0	384	52.0	319	43.2	36	4.9
Alaska	36	100.0	21	58.3	6	16.7	9	25.0
Arizona	329	100.0	284	86.3	29	8.8	16	4.9
Arkansas	341	100.0	168	49.3	128	37.5	45	13.2
California	2,338	100.0	1,801	77.0	400	17.1	137	5.9
Colorado	333	100.0	186	55.9	113	33.9	34	10.2
Connecticut	554	100.0	286	51.6	170	30.7	98	17.7
Delaware	144	100.0	91	63.2	25	17.4	28	19.4
District of Columbia	42	100.0	35	83.3			7	16.7
Florida	1,082	100.0	754	69.7	224	20.7	104	9.6
Georgia	876	100.0	462	52.7	324	37.0	90	10.3
Hawaii	26	100.0					26	100.0
Idaho	154	100.0	72	46.8	55	35.7	27	17.5
Illinois	2,088	100.0	1,300	62.3	579	27.7	209	10.0
Indiana	992	100.0	468	47.2	416	41.9	108	10.9
Iowa	743	100.0	321	43.2	388	52.2	34	4.6
Kansas	487	100.0	218	44.8	230	47.2	39	8.0
Kentucky	641	100.0	313	48.8	259	40.4	69	10.8
Louisiana	447	100.0	261	58.4	130	29.1	56	12.5
Maine	217	100.0	75	34.6	120	55.3	22	10.1
Maryland	714	100.0	481	67.4	103	14.4	130	18.2
Massachusetts	1,366	100.0	1,080	79.1	182	13.3	104	7.6
Michigan	1,622	100.0	1,097	67.6	412	25.4	113	7.0
Minnesota	766	100.0	405	52.9	264	34.5	97	12.7
Mississippi	467	100.0	205	43.9	227	48.6	35	7.5
Missouri	853	100.0	531	62.3	215	25.2	107	12.5
Montana	132	100.0	14	10.6	98	74.2	20	15.2
Nebraska	38	100.0					38	100.0
Nevada	79	100.0	61	77.2	12	15.2	6	7.6

(Continued)

TABLE 7.1.
(Continued)

	TOTAL		DEGREE OF MOBILITY					
			Stayed in County/MSA		Moved Within State		Moved Out of State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
New Hampshire	38	100.0					38	100.0
New Jersey	1,168	100.0	670	57.4	281	24.1	217	18.6
New Mexico	213	100.0	145	68.1	48	22.5	20	9.4
New York	2,873	100.0	2,047	71.2	659	22.9	167	5.8
North Carolina	890	100.0	463	52.0	384	43.1	43	4.8
North Dakota	177	100.0	74	41.8	71	40.1	32	18.1
Ohio	2,511	100.0	1,528	60.9	791	31.5	192	7.6
Oklahoma	421	100.0	256	60.8	138	32.8	27	6.4
Oregon	493	100.0	338	68.6	114	23.1	41	8.3
Pennsylvania	2,817	100.0	1,916	68.0	637	22.6	264	9.4
Rhode Island	251	100.0	209	83.3	14	5.6	28	11.2
South Carolina	421	100.0	267	63.4	120	28.5	34	8.1
South Dakota	138	100.0	42	30.4	87	63.0	9	6.5
Tennessee	881	100.0	507	57.5	319	36.2	55	6.2
Texas	1,474	100.0	1,008	68.4	428	29.0	38	2.6
Utah	186	100.0	120	64.5	54	29.0	12	6.5
Vermont	93	100.0	33	35.5	38	40.9	22	23.7
Virginia	761	100.0	430	56.5	264	34.7	67	8.8
Washington	639	100.0	439	68.7	158	24.7	42	6.6
West Virginia	360	100.0	153	42.5	176	48.9	31	8.6
Wisconsin	894	100.0	431	48.2	368	41.2	95	10.6
Wyoming	72	100.0	29	40.3	36	50.0	7	9.7
PROGRAM TYPE–DIPLOMA								
TOTAL	**4,531**	**100.0**	**3,117**	**68.8**	**1,048**	**23.1**	**366**	**8.1**
Alabama	61	100.0	45	73.8	13	21.3	3	4.9
Alaska								
Arizona	1	100.0					1	100.0
Arkansas	6	100.0	3	50.0	1	16.7	2	33.3
California	54	100.0	51	94.4	2	3.7	1	1.9
Colorado	8	100.0	8	100.0				
Connecticut	155	100.0	94	60.6	53	34.2	8	5.2
Delaware	15	100.0	4	26.7	5	33.3	6	40.0

(Continued)

TABLE 7.1.
(Continued)

	TOTAL		DEGREE OF MOBILITY					
			Stayed in County/MSA		Moved Within State		Moved Out of State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
District of Columbia	2	100.0					2	100.0
Florida	29	100.0	15	51.7	4	13.8	10	34.5
Georgia	59	100.0	42	71.2	15	25.4	2	3.4
Hawaii	2	100.0					2	100.0
Idaho								
Illinois	332	100.0	211	63.6	82	24.7	39	11.7
Indiana	121	100.0	56	46.3	49	40.5	16	13.2
Iowa	185	100.0	96	51.9	85	45.9	4	2.2
Kansas	40	100.0	13	32.5	19	47.5	8	20.0
Kentucky	24	100.0					24	100.0
Louisiana	65	100.0	58	89.2	7	10.8		
Maine	23	100.0	10	43.5	11	47.8	2	8.7
Maryland	70	100.0	57	81.4	8	11.4	5	7.1
Massachusetts	208	100.0	192	92.3	13	6.3	3	1.4
Michigan	136	100.0	97	71.3	19	14.0	20	14.7
Minnesota	57	100.0	28	49.1	13	22.8	16	28.1
Mississippi	5	100.0					5	100.0
Missouri	276	100.0	215	77.9	51	18.5	10	3.6
Montana	1	100.0					1	100.0
Nebraska	7	100.0					7	100.0
Nevada								
New Hampshire	3	100.0					3	100.0
New Jersey	276	100.0	178	64.5	82	29.7	16	5.8
New Mexico	2	100.0					2	100.0
New York	230	100.0	144	62.6	67	29.1	19	8.3
North Carolina	85	100.0	44	51.8	35	41.2	6	7.1
North Dakota	41	100.0	23	56.1	17	41.5	1	2.4
Ohio	584	100.0	432	74.0	121	20.7	31	5.3
Oklahoma	1	100.0					1	100.0
Oregon	5	100.0	5	100.0				
Pennsylvania	891	100.0	654	73.4	185	20.8	52	5.8
Rhode Island	23	100.0	17	73.9	3	13.0	3	13.0
South Carolina	12	100.0			5	41.7	7	58.3
South Dakota	17	100.0	9	52.9	6	35.3	2	11.8
Tennessee	160	100.0	130	81.3	29	18.1	1	.6

(Continued)

TABLE 7.1.
(Continued)

	TOTAL		DEGREE OF MOBILITY					
			Stayed in County/MSA		Moved Within State		Moved Out of State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Texas	48	100.0	44	91.7	4	8.3		
Utah								
Vermont	2	100.0					2	100.0
Virginia	101	100.0	79	78.2	21	20.8	1	1.0
Washington	2	100.0					2	100.0
West Virginia	38	100.0	21	55.3	7	18.4	10	26.3
Wisconsi	68	100.0	42	61.8	16	23.5	10	14.7
Wyoming								
PROGRAM TYPE–ASSOCIATE DEGREE								
TOTAL	**19,583**	**100.0**	**13,345**	**68.1**	**5,067**	**25.9**	**1,171**	**6.0**
Alabama	374	100.0	164	43.9	195	52.1	15	4.0
Alaska	18	100.0	13	72.2	2	11.1	3	16.7
Arizona	240	100.0	219	91.2	14	5.8	7	2.9
Arkansas	221	100.0	101	45.7	90	40.7	30	13.6
California	1,683	100.0	1,430	85.0	179	10.6	74	4.4
Colorado	196	100.0	116	59.2	64	32.7	16	8.2
Connecticut	172	100.0	113	65.7	39	22.7	20	11.6
Delaware	68	100.0	50	73.5	16	23.5	2	2.9
District of Columbia	18	100.0	15	83.3			3	16.7
Florida	765	100.0	621	81.2	99	12.9	45	5.9
Georgia	531	100.0	282	53.1	205	38.6	44	8.3
Hawaii	8	100.0					8	100.0
Idaho	124	100.0	66	53.2	42	33.9	16	12.9
Illinois	1,060	100.0	730	68.9	283	26.7	47	4.4
Indiana	506	100.0	268	53.0	186	36.8	52	10.3
Iowa	399	100.0	168	42.1	222	55.6	9	2.3
Kansas	237	100.0	120	50.6	112	47.3	5	2.1
Kentucky	456	100.0	242	53.1	190	41.7	24	5.3
Louisiana	149	100.0	68	45.6	45	30.2	36	24.2
Maine	91	100.0	41	45.1	45	49.5	5	5.5
Maryland	347	100.0	289	83.3	29	8.4	29	8.4
Massachusetts	621	100.0	542	87.3	52	8.4	27	4.3

(Continued)

TABLE 7.1.
(Continued)

	TOTAL		DEGREE OF MOBILITY					
			Stayed in County/MSA		Moved Within State		Moved Out of State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Michigan	940	100.0	717	76.3	184	19.6	39	4.1
Minnesota	431	100.0	265	61.5	132	30.6	34	7.9
Mississippi	276	100.0	139	50.4	125	45.3	12	4.3
Missouri	357	100.0	219	61.3	92	25.8	46	12.9
Montana	51	100.0	7	13.7	35	68.6	9	17.6
Nebraska	15	100.0					15	100.0
Nevada	58	100.0	46	79.3	9	15.5	3	5.2
New Hampshire	19	100.0					19	100.0
New Jersey	481	100.0	392	81.5	57	11.9	32	6.7
New Mexico	173	100.0	127	73.4	40	23.1	6	3.5
New York	1,583	100.0	1,314	83.0	248	15.7	21	1.3
North Carolina	528	100.0	316	59.8	196	37.1	16	3.0
North Dakota	52	100.0	16	30.8	11	21.2	25	48.1
Ohio	1,143	100.0	740	64.7	333	29.1	70	6.1
Oklahoma	282	100.0	181	64.2	87	30.9	14	5.0
Oregon	308	100.0	221	71.8	63	20.5	24	7.8
Pennsylvania	896	100.0	681	76.0	136	15.2	79	8.8
Rhode Island	126	100.0	116	92.1	2	1.6	8	6.3
South Carolina	278	100.0	201	72.3	60	21.6	17	6.1
South Dakota	82	100.0	23	28.0	56	68.3	3	3.7
Tennessee	483	100.0	244	50.5	205	42.4	34	7.0
Texas	987	100.0	690	69.9	272	27.6	25	2.5
Utah	141	100.0	86	61.0	46	32.6	9	6.4
Vermont	57	100.0	20	35.1	28	49.1	9	15.8
Virginia	406	100.0	222	54.7	160	39.4	24	5.9
Washington	436	100.0	329	75.5	93	21.3	14	3.2
West Virginia	268	100.0	118	44.0	133	49.6	17	6.3
Wisconsin	391	100.0	230	58.8	134	34.3	27	6.9
Wyoming	51	100.0	27	52.9	21	41.2	3	5.9
PROGRAM TYPE–BACCALAUREATE								
TOTAL	12,303	100.0	6,017	48.9	4,498	36.6	1,788	14.5
Alabama	304	100.0	175	57.6	111	36.5	18	5.9
Alaska	18	100.0	8	44.4	4	22.2	6	33.3

(Continued)

Figure 6.4.
JOB SATISFACTION OF NEWLY LICENSED NURSES BY EMPLOYMENT SETTING

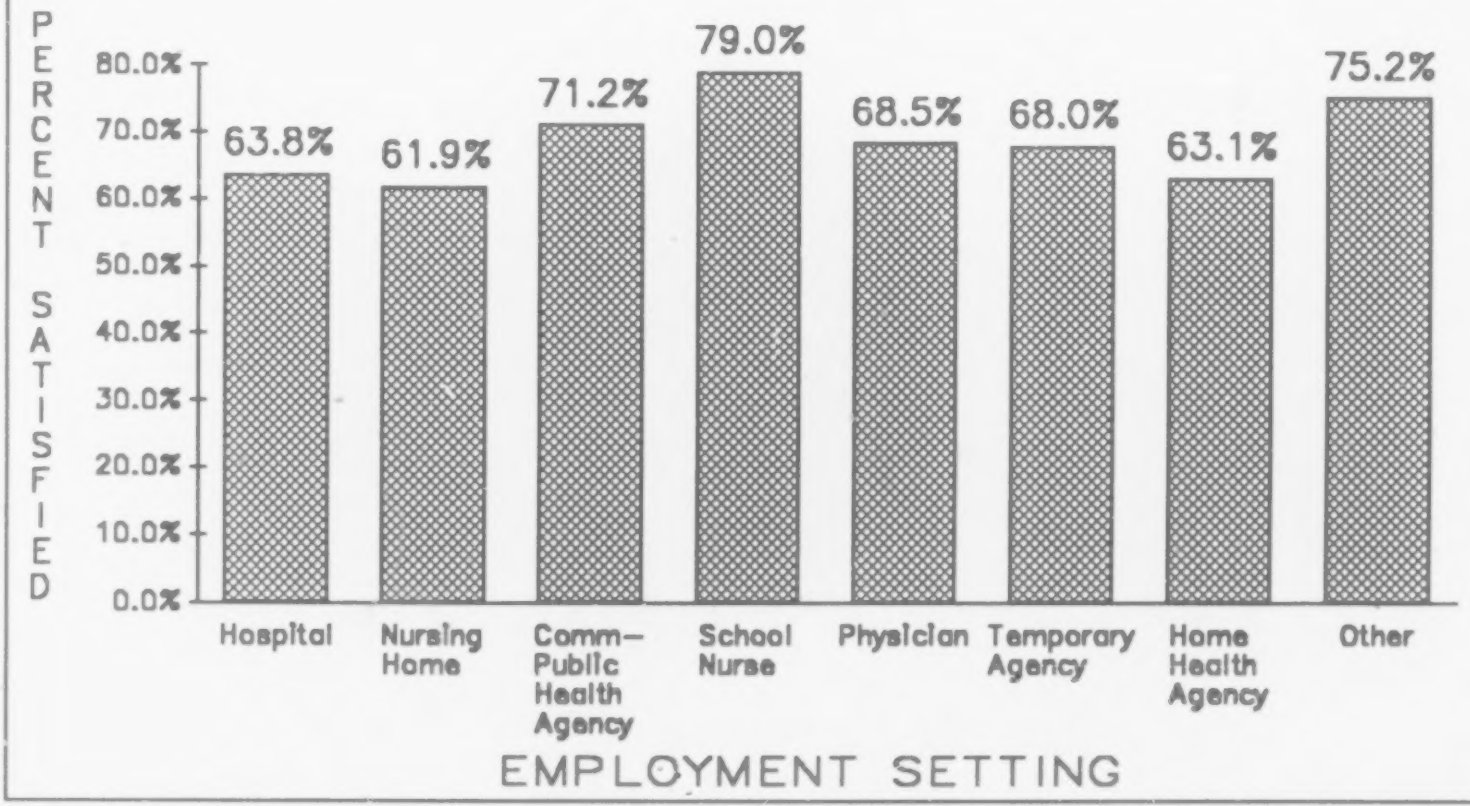
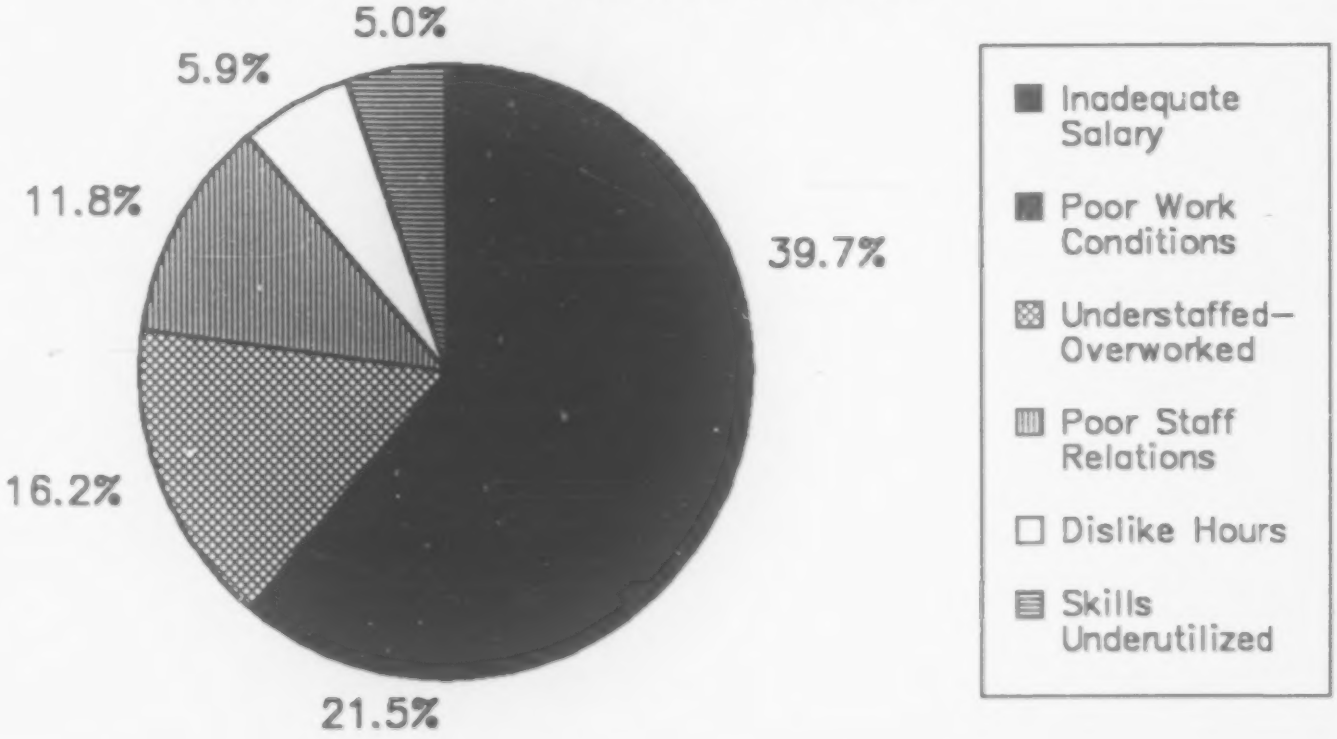


Figure 6.5.
MAIN SOURCE OF DISSATISFACTION WITH EMPLOYMENT



* Asked only of those 'not satisfied' with current employment (N=13,315)

TABLE 7.1.
(Continued)

	TOTAL		DEGREE OF MOBILITY					
			Stayed in County/MSA		Moved Within State		Moved Out of State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Arizona	88	100.0	65	73.9	15	17.0	8	9.1
Arkansas	114	100.0	64	56.1	37	32.5	13	11.4
California	601	100.0	320	53.2	219	36.4	62	10.3
Colorado	129	100.0	62	48.1	49	38.0	18	14.0
Connecticut	227	100.0	79	34.8	78	34.4	70	30.8
Delaware	61	100.0	37	60.7	4	6.6	20	32.8
District of Columbia	22	100.0	20	90.9			2	9.1
Florida	288	100.0	118	41.0	121	42.0	49	17.0
Georgia	286	100.0	138	48.3	104	36.4	44	15.4
Hawaii	16	100.0					16	100.0
Idaho	30	100.0	6	20.0	13	43.3	11	36.7
Illinois	696	100.0	359	51.6	214	30.7	123	17.7
Indiana	365	100.0	144	39.5	181	49.6	40	11.0
Iowa	159	100.0	57	35.8	81	50.9	21	13.2
Kansas	210	100.0	85	40.5	99	47.1	26	12.4
Kentucky	161	100.0	71	44.1	69	42.9	21	13.0
Louisiana	233	100.0	135	57.9	78	33.5	20	8.6
Maine	103	100.0	24	23.3	64	62.1	15	14.6
Maryland	297	100.0	135	45.5	66	22.2	96	32.3
Massachusetts	537	100.0	346	64.4	117	21.8	74	13.8
Michigan	546	100.0	283	51.8	209	38.3	54	9.9
Minnesota	278	100.0	112	40.3	119	42.8	47	16.9
Mississippi	186	100.0	66	35.5	102	54.8	18	9.7
Missouri	220	100.0	97	44.1	72	32.7	51	23.2
Montana	80	100.0	7	8.7	63	78.7	10	12.5
Nebraska	16	100.0					16	100.0
Nevada	21	100.0	15	71.4	3	14.3	3	14.3
New Hampshire	16	100.0					16	100.0
New Jersey	411	100.0	100	24.3	142	34.5	169	41.1
New Mexico	38	100.0	18	47.4	8	21.1	12	31.6
New York	1,060	100.0	589	55.6	344	32.5	127	12.0
North Carolina	277	100.0	103	37.2	153	55.2	21	7.6
North Dakota	84	100.0	35	41.7	43	51.2	6	7.1
Ohio	784	100.0	356	45.4	337	43.0	91	11.6
Oklahoma	138	100.0	75	54.3	51	37.0	12	8.7

(Continued)

TABLE 7.1.
(Continued)

	TOTAL		DEGREE OF MOBILITY					
			Stayed in County/MSA		Moved Within State		Moved Out of State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Oregon	180	100.0	112	62.2	51	28.3	17	9.4
Pennsylvania	1,030	100.0	581	56.4	316	30.7	133	12.9
Rhode Island	102	100.0	76	74.5	9	8.8	17	16.7
South Carolina	131	100.0	66	50.4	55	42.0	10	7.6
South Dakota	39	100.0	10	25.6	25	64.1	4	10.3
Tennessee	238	100.0	133	55.9	85	35.7	20	8.4
Texas	439	100.0	274	62.4	152	34.6	13	3.0
Utah	45	100.0	34	75.6	8	17.8	3	6.7
Vermont	34	100.0	13	38.2	10	29.4	11	32.4
Virginia	254	100.0	129	50.8	83	32.7	42	16.5
Washington	201	100.0	110	54.7	65	32.3	26	12.9
West Virginia	54	100.0	14	25.9	36	66.7	4	7.4
Wisconsin	435	100.0	159	36.6	218	50.1	58	13.3
Wyoming	21	100.0	2	9.5	15	71.4	4	19.0

TABLE 7.2.
Mobility Between Location of Nursing School and Current Residence by Program Type

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**37,064**	**100.0**	**4,582**	**100.0**	**19,939**	**100.0**	**12,543**	**100.0**
Degree of Mobility:								
Stayed in Same County	18,298	49.4	2,434	53.1	11,155	55.9	4,709	37.5
Left County: Non-MSA → Non-MSA	2,436	6.6	84	1.8	1,967	9.9	385	3.1
Stayed in Same MSA	4,512	12.2	746	16.3	2,000	10.0	1,766	14.1
Left MSA: Stayed in Same State	7,804	21.1	916	20.0	3,260	16.3	3,628	28.9
Left State	4,014	10.8	402	8.8	1,557	7.8	2,055	16.4

TABLE 7.3.
Mobility Between Location of Residence Prior to Nursing School and Current Residence by Program Type

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**36,766**	**100.0**	**4,665**	**100.0**	**19,659**	**100.0**	**12,442**	**100.0**
Degree of Mobility:								
Stayed in Same County	29,087	79.1	3,768	80.8	16,316	83.0	9,003	72.4
Left County: Non-MSA → Non-MSA	760	2.1	82	1.8	493	2.5	185	1.5
Stayed in Same MSA	1,346	3.7	232	5.0	557	2.8	557	4.5
Left MSA: Stayed in Same State	2,886	7.8	346	7.4	1,255	6.4	1,285	10.3
Left State	2,687	7.3	237	5.1	1,038	5.3	1,412	11.3

TABLE 7.4.
Mobility Between Location of Residence Prior to Nursing School and Location of Nursing School by Program Type*

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**28,734**	**100.0**	**3,682**	**100.0**	**16,178**	**100.0**	**8,874**	**100.0**
Degree of Mobility:								
Stayed in Same County	15,784	54.9	2,097	57.0	10,099	62.4	3,588	40.4
Left County: Non-MSA ⟶ Non-MSA	1,942	6.8	55	1.5	1,599	9.9	288	3.2
Stayed in Same MSA	3,398	11.8	579	15.7	1,524	9.4	1,295	14.6
Left MSA: Stayed in Same State	5,672	19.7	718	19.5	2,259	14.0	2,695	30.4
Left State	1,938	6.7	233	6.3	697	4.3	1,008	11.4
Total Movers	7,845	45.1	3,682	43.0	6,079	37.6	5,286	59.6

*Table only includes respondents whose residence prior to nursing school is the same as their current residence.

TABLE 7.5.
Mobility Between Location of Current Residence and Location of Employment by Program Type

	TOTAL		PROGRAM TYPE					
			Diploma		Associate Degree		Baccalaureate	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**35,846**	**100.0**	**4,496**	**100.0**	**19,161**	**100.0**	**12,189**	**100.0**
Degree of Mobility:								
Stayed in Same County	22,795	63.6	2,775	61.7	13,223	69.0	6,797	55.8
Left County: Non-MSA → Non-MSA	1,233	3.4	98	2.2	935	4.9	200	1.6
Stayed in Same MSA	4,147	11.6	641	14.3	1,851	9.7	1,655	13.6
Left MSA: Stayed in Same State	4,665	13.0	674	15.0	2,149	11.2	1,842	15.1
Left State	3,006	8.4	308	6.9	1,003	5.2	1,695	13.9

TABLE 7.6.
Mobility Between Location of Residence Prior to Nursing School and Location of Nursing School by Racial/Ethnic Background

	TOTAL		RACIAL/ETHNIC BACKGROUND									
			White		Black		Hispanic		Asian		American Indian	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	36,122	100.0	33,122	100.0	1,616	100.0	719	100.0	536	100.0	129	100.0
Degree of Mobility:												
Stayed in Same County	18,017	49.9	16,194	48.9	953	59.0	484	67.3	325	60.6	61	47.3
Left County:												
Non-MSA ⟶ Non-MSA	2,577	7.1	2,426	7.3	97	6.0	16	2.2	21	3.9	17	13.2
Left County: Stayed in MSA	4,261	11.8	3,945	11.9	180	11.1	74	10.3	48	9.0	14	10.9
Left MSA: Stayed in State	7,971	22.1	7,492	22.6	244	15.1	104	14.5	105	19.6	26	20.2
Left State	3,296	9.1	3,065	9.3	142	8.8	41	5.7	37	6.9	11	8.5

TABLE 7.7.
Mobility Between Location of Residence Prior to Nursing School and Current Residence by Racial/Ethnic Background

	TOTAL		RACIAL/ETHNIC BACKGROUND									
			White		Black		Hispanic		Asian		American Indian	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**36,466**	**100.0**	**33,460**	**100.0**	**1,620**	**100.0**	**718**	**100.0**	**539**	**100.0**	**129**	**100.0**
Degree of Mobility:												
Stayed in Same County	28,841	79.1	26,352	78.8	1,348	83.2	618	86.1	426	79.0	97	75.2
Left County:												
Non-MSA ⟶ Non-MSA	756	2.1	725	2.2	16	1.0	3	.4	8	1.5	4	3.1
Left County: Stayed in MSA	1,334	3.7	1,238	3.7	62	3.8	11	1.5	18	3.3	5	3.9
Left MSA: Stayed in State	2,871	7.9	2,679	8.0	82	5.1	52	7.2	45	8.3	13	10.1
Left State	2,664	7.3	2,466	7.4	112	6.9	34	4.7	42	7.8	10	7.8

8

CONCLUSIONS AND SOME FINAL THOUGHTS

A wide range of issues have been discussed in the last seven chapters. Some of the data conform to the "conventional wisdom" about nurses, while the remaining dispel many of the myths and misconceptions about the new entrants to the profession. The implications of these findings cannot be ignored; they require serious discussion on the part of nursing educators and administrators *especially* at this time when every new nurse is a vital and precious resource. It is imperative that hard data be employed to make important policy decisions and that "conventional wisdom," "anecdotal information," and "heresay" not be relied upon.

These newly licensed nurses have undergone the difficult transition from student to professional during chaotic times. The impact of prospective payment on Medicare reimbursement has plunged new nurses into a hospital environment where patients are sicker and are expected to be discharged more quickly. One new RN lamented: "I never expected to see so much death."

Despite the chaos, one cannot ignore the commitment and loyalty that new RNs hold for patient care and for their profession. Numerous letters stated "I love nursing, but . . .," under current conditions in hospitals, " . . . I am unable to apply principles such as teaching, counselling, emotional support, care plan-

As for low salaries, ultimately my job is very unique. Unlike other professions (i.e. lawyer, accountant, etc.), I can't afford to make a mistake. The bottom line is, the mistake could be a life or death situation. With four years of education, the tremendous responsibility and all the stressors involved, still, our salaries are barely equal to some sanitary engineers. . . Money is not the only issue. We, also, deserve public and media respect. I think we should all feel proud to be nurses. (Connecticut)

ning, etc., because I'm occupied with the bare essentials of keeping my patients alive for eight hours."

In spite of these remarks, the data indicate that almost two-thirds of the respondents are generally satisfied with their current employment. Furthermore, 97.4 percent are employed in nursing jobs and, of these, only 2.3 percent are seeking a non-nursing job. It is clear that these new RNs are staying and making a difference in the nursing profession despite the conditions they are forced to deal with.

SUMMARY OF FINDINGS

Educational Background

A majority of newly licensed nurses were prepared at the associate degree level (53.6%), over one-third were baccalaureate-prepared, and the remaining 12 percent graduated from diploma programs. Over 40 percent of newly licensed nurses prepared at the ADN level held LPN/LVN licenses prior to obtaining their licenses for registered nursing. The corresponding figures for BSN and diploma graduates were 8 percent and 12 percent, respectively.

Demographic Characteristics

Nursing remains a white, female profession: 94.2 percent of the newly licensed nurses are women, and 91.7 percent are white (4.5% black, 2.0% Hispanic, 1.5% Asian, 0.5% American Indian).

The graduates of ADN programs differ dramatically from their BSN and diploma counterparts on several demographic features. While the median age for new RNs is 26, there is wide disparity among graduates of ADN (31), BSN (23), and diploma (23) programs. Furthermore, the majority of ADN graduates are married and have children, while BSN and diploma graduates are most likely to be single with no children living at

home. The demographic characteristics associated with graduates of associate degree programs are particularly important when planning for the future, as we will see later in this chapter.

Employment Statistics

There is virtually no unemployment among new RNs. One year after licensure, 97 percent of new RNs are employed in nursing positions. The majority of those who are not employed in nursing are voluntarily unemployed due to family responsibilities or continued education. Demand for new RNs is so great that 80 percent found their jobs *before* graduation, and within 3 months of graduation, over 95 percent had found jobs.

An overwhelming majority of newly licensed RNs are employed in hospitals (92.1%) and nursing homes employ 3 percent of the group. The remaining 5 percent are employed in community/public health, home health, and other ambulatory settings. The preponderance of hospital employment among new RNs is a bit misleading in terms of the contemporary complexities of our health care delivery system. It is projected that the number of hospital admissions will continue to decline with concommitant growth in home and community care settings. This suggests that new nurses, for a variety of reasons, are choosing hospital employment for their first jobs, but are likely to move to another setting at some time in their careers. Moreover, 84 percent of the new RNs are employed full-time and 96 percent hold staff/general duty positions.

The average salary for full-time new RNs is $22,581; no discernable differences exist among graduates of different program types. Geographic variations do exist with the highest salaries in California, Connecticut, and Delaware. The lowest mean salaries were found in the West North Central region.

When asked how well their nursing education prepared them for their current jobs, 92 percent responded that their classroom experiences were adequate. However, among the different program types, diploma graduates were most likely to feel their clinical education was satisfactory (95%), while BSN-prepared RNs were least likely (67%). This finding has serious implications which will be explored later.

Finally, two-thirds of employed newly licensed nurses are generally satisfied with their current employment. Those stating that they were not happy cited inadequate salary as their main source of dissatisfaction.

Geographic Mobility

Information was obtained for each RN vis-à-vis their residence before attending nursing school, residence after graduation, the location of the school, the location of their place of employment, and current residence. These geographic variables permitted a complex analysis of the geographic mobility of newly licensed nurses.

Those seeking baccalaureate education were most likely to move to attend nursing school: 14 percent left their home state to attend nursing school and 37 percent moved out of their immediate area to study nursing. On the other hand, less than 6 percent of the associate degree and diploma RNs moved out of state to attend nursing school, and approximately one-quarter moved out of their immediate area to study nursing. The greater geographic mobility of those desiring baccalaureate education may be attributed to the smaller number and urban concentration of BSN programs nationally. Associate degree programs, on the other hand, are plentiful and distributed in smaller, rural communities.

An analysis of geographic mobility after completing nursing school reveals that approximately 80 percent of new RNs currently reside in the same location

where they lived prior to attending nursing school. This suggests that those who move to study nursing are likely to return to the location of their original residence after their education. There are program type differences, with ADN graduates most likely to return home (82%) and BSN graduates least likely (72%).

Finally, over three-quarters of the new RNs work and live in the same geographic area. Once again, BSN-prepared RNs are more likely to travel to find work (12% leave the state and 17% leave their immediate area), while diploma and ADN graduates are least likely to travel for work (5% and 4%, respectively, leave the state).

WHAT'S IN STORE FOR THE FUTURE?

There is much to be gained if the findings of this study are positively utilized. The objective of this research was to supply data to educators, administrators, public officials, and policymakers for the purpose of designing appropriate measures to stem the current nursing crises. After close examination of the data, it is clear that there are two areas that require additional discussion and, perhaps, further research. First, we must understand and make an effort to amend the incongruities between what is offered to nursing students in the way of clinical preparation and the harsh demands of today's real life professional environment. The fact that almost one-quarter of all new RNs feel their clinical preparation was inadequate for their current jobs is disturbing; almost one-third of the baccalaurate graduates and one-quarter of the ADN graduates expressed this sentiment. Conversely, less than five percent of the diploma graduates stated this, suggesting that more research into clinical preparation is strongly recommended.

It is not at all clear from these data if a relationship exists between perceived adequacy of clinical preparation and job satisfaction. Nor is it possible to

predict the length of time one remains in nursing in relation to his or her educational preparation. However, it is imperative that nurse educators provide their students with clinical experiences, as well as other classroom experiences, that offer the challenges of real nursing–the nursing that takes place in the hospital and the home, with the elderly and the young, among the rich and the poor, and with the physician and the orderly. Finding the balance between the realities of our health care system and the visions and ideals of the nursing profession is not an easy task. It is clearly not the intention of this volume to resolve this difficulty, but it does offer a signpost for further discussion.

A second important issue to address is the impact of the increasing proportion of associate degree graduates among the current–and probably future–cohorts of newly licensed nurses. As the data indicates, associate degree RNs are dramatically different from their baccalaureate and diploma counterparts. These demographic differences have serious implications, since they correlate strongly with several employment variables. Associate degree graduates are considerably older and the majority are married and have dependent children living with them. Marital status and presence of children influence both employment status and activity status. Therefore, the associate degree graduate is more likely to be voluntarily unemployed due to family obligations (note that this number is quite small), and those who are working are more likely to work part-time.

It is not entirely clear what the effect of age on lifetime employment will be. In one sense, the older new graduates will have fewer years of labor force participation as nurses than their younger counterparts. However, single, younger RNs may marry and have children later and adjust their work schedules at a different stage of their career. According to research done at the Division of Nursing on the net loss of RNs

over age categories, contemporary RNs are displaying employment patterns and retirement curves similar to men in that they are working continuously throughout adulthood and are leaving nursing through retirement.[1] This suggests that once in practice, fewer nurses are taking time off to raise children, and hence the earlier they are recruited, the longer they will remain in nursing. Again, these speculations are far from conclusive, however, it is necessary to pose this as an area requiring further research for proper interpretation.

Finally, the resentment that new RNs feel toward hospital employment is not surprising, but it is disturbing. The media has portrayed overworked, underpaid RNs for some time, but it is particularly frightening to hear these remarks from the freshest faces among the nursing population. The national fear of inadequate supplies of RNs to meet the increasing demand has led to some serious attempts to tackle the problem. This study, hopefully, will be utilized to resolve the larger problems looming in both our health care and higher education systems. More importantly, the objective to accurately portray a profile of America's newly licensed nurses is meant to ensure that proper attention be paid to them, so that they will remain vital links to our future nursing supply.

[1] *Sample Survey of the Registered Nurse Population, 1988,* Washington, DC: Division of Nursing, HRSA, DHHS.

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TABLE 7.8.
Mobility Between Location of Current Residence
and Location of Employment by Racial/Ethnic Background

	TOTAL		RACIAL/ETHNIC BACKGROUND									
			White		Black		Hispanic		Asian		American Indian	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	**35,550**	**100.0**	**32,604**	**100.0**	**1,583**	**100.0**	**705**	**100.0**	**532**	**100.0**	**126**	**100.0**
Degree of Mobility:												
Stayed in Same County	22,598	63.6	20,450	62.7	1,153	72.8	557	79.0	360	67.7	78	61.9
Left County:												
Non-MSA ⟶ Non-MSA	1,228	3.5	1,173	3.6	30	1.9	7	1.0	8	1.5	10	7.9
Left County: Stayed in MSA	4,112	11.6	3,832	11.8	158	10.0	54	7.7	56	10.5	12	9.5
Left MSA: Stayed in State	4,631	13.0	4,354	13.4	131	8.3	60	8 5	73	13.7	13	10.3
Left State	2,981	8.4	2,795	8.6	111	7.0	27	3.8	35	6.6	13	10.3